

## **ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I hereby acknowledge that I have received and reviewed the educational materials that explain the State's policies and procedures regarding the State of Michigan Drug and Alcohol Testing Program. The educational materials include the following:

1. The identity of the person designated by the employer to answer questions about the educational materials.
2. Which employees are subject to Civil Service Regulation 2.07, Drug Testing, and Civil Service Regulation 2.08, Alcohol Testing.
3. Sufficient information to explain what the term "test-designated position" means.
4. Specific information to explain what is prohibited by Civil Service Regulations 2.07 and 2.08.
5. The circumstances under which employees will be tested for alcohol and/or controlled substances.
6. The penalties or other consequences for an employee found to have violated provisions of Civil Service rule 2-7.
7. The procedures used to test employees for alcohol and controlled substances and the procedures in place to protect employees and ensure the integrity of the testing process, safeguard the validity of test results, and ensure that those test results are attributed to the correct employee.
8. An explanation of the requirement that employees must submit to testing in accordance with Civil Service Regulations 2.07 and 2.08.
9. An explanation of what constitutes a refusal to submit and what penalties may be incurred for failure to submit to testing.
10. Information concerning the effects of alcohol use and controlled substance use on an employee's health, work, and personal life; signs and symptoms of an alcohol problem and a controlled substance problem; and methods for an employee to obtain assistance if an alcohol problem or substance abuse problem is suspected.

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Name (Print)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date