

**MADISON COUNTY LIBRARY SYSTEM
DRUG FREE WORKPLACE ACKNOWLEDGMENT AND AGREEMENT**

Under the terms of the Drug-Free Workplace Act, we are required to give to you a copy of our official policy statement concerning the establishment of a drug-free workplace.

Please sign below to indicate that:

- You have received this statement.
- You have read it or been informed of its content.
- You agree to abide by this policy in all respects.

I verify that I have received, read and understood the Drug Free Workplace Policy. I understand that violations of the policy will result in serious discipline up to and including termination of employment. Note that the Law requires you to acknowledge and agree to the above as a condition of employment.

Acknowledged and Agreed:

Employee Signature

Date