

THE UNIVERSITY OF WISCONSIN - MADISON
DRUG AND ALCOHOL TESTING POLICY

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EMPLOYEE ACKNOWLEDGMENT FORM

Return this acknowledgement to the Classified Personnel Office for filing in the official Driver Qualification File. No one is permitted to drive a University-owned or leased commercial motor vehicle until they have signed, dated and returned this form.

I acknowledge that I have received the University of Wisconsin - Madison's Alcohol and Controlled Substance Testing Policy. I also acknowledge that I have received the University's Post-Accident Instructions. I understand that the Director of the Classified Personnel Office (CPO) is the University's designated representative to whom questions regarding this policy may be directed. He/she may also designate an alternate representative to assist in answering questions on the policy and procedures. I understand that the terms described in this policy may be altered, amended or changed by the University of Wisconsin to comply with the Federal Omnibus Transportation Employee Testing Act (OTETA) of 1991 and its implementing regulations, with or without prior notice. I further understand that any violation of this policy may subject me to discipline, up to and including termination.

SIGNED

PRINT NAME