

Drug Free Workplace Policy Receipt

I hereby acknowledge that I have received a copy of the Saginaw Valley State University Drug Free Workplace Program. I also acknowledge that I have received a full and complete explanation of the Program, including all policies and the availability of the Employee Assistance Program through Ceridian.

I further state that I have read or have had read to me all sections of this Drug Free Workplace Program. I understand that violation of any provision of this policy may lead to disciplinary action up to and including termination of employment.

Finally, I agree that neither the issuance of these policies nor the acknowledgment of its receipt constitutes or implies a contract of employment.

Date

Employee Signature

Employee Print Name

Date

Witness