

WEAKLEY COUNTY GOVERNMENT

I do hereby certify that I have received and read the Weakley County Government substance abuse and testing policy and have had the drug-free workplace program explained to me. I understand that if my performance indicates it is necessary or that if I am selected at random, I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a positive result for the illegal use of drugs and/or alcohol abuse as defined in the policy may lead to discipline up to and including termination and/or loss of worker's compensation benefits to T.C.A Section 50-9-100 et. Seq.

Name of Employee (Please Print)

Employee's Signature

Date