

## **SUBSTANCE ABUSE AND DRUG FREE WORKPLACE POLICY**

### **RECEIPT ACKNOWLEDGMENT**

I have received a copy of the LSU Health Science Center - Health Care Services Division Substance Abuse and Drug Free Workplace Policy. I agree to comply with the policy, procedures and guidelines and to fully cooperate with and to submit to the drug testing procedures as outlined in this policy. I understand that it is my responsibility to read and familiarize myself with this material and that if I have any questions I may contact the Human Resources Office. I understand that initial and/or continued employment is contingent upon a willingness to comply with this policy.

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Name (Please Print)

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Signature

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Date

**FAILURE TO SIGN THIS RECEIPT DOES NOT EXEMPT YOU FROM THIS POLICY.**