



# NC DENR Employee Acknowledgement of Receipt of Controlled Substance Abuse & Alcohol Misuse Policy & Procedure

**NOTICE: THIS IS AN IMPORTANT DOCUMENT. DO NOT DISCARD!  
THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR SUPERVISOR.**

**EMPLOYEE INFORMATION:** (Please Print)

Name (First M.I. Last):

CDL/ Driver's License Number

Is CDL required for job classification? Yes No

Is job a safety sensitive position? Yes No

Job Classification:

Supervisor Name:

Division/ Section/ Unit:

County Assigned:

I have been provided with a copy or have been shown the location of the online version of the DENR CONTROLLED SUBSTANCE ABUSE AND ALCOHOL MISUSE POLICY.

I have read and understand the types of testing that I am subject to as well as the consequences of testing positive for either controlled substances or alcohol.

Signature (Please use black or blue pen)

Date

Employee ID (Initials and last 4 digits of SSN)

**Instructions:**

1. Supervisors are to provide a copy of the Employee Information Sheet and Department Policy on Controlled Substance Abuse and Alcohol Misuse policy to each employee.
2. Supervisors will assist employees with any questions regarding the policy or if CDL holder, the FHWA regulations.
3. Employees are to sign this form and return it to their supervisor within 5 working days.
4. Supervisors will collect all signed acknowledgment forms and forward them to the Division Director or their designee.
5. Division/Section/Unit Heads will maintain a copy at the Division/Unit level and forward completed original forms to the Department's CDL Administrator.
6. The CDL Administrator will maintain all completed forms for Federal auditing purposes.

(3/2006)

NC DENR Acknowledgement of Receipt

<http://www.enr.state.nc.us/safety/Forms/DrugAlcoholForms/ALCDRG04.doc>