

University of Idaho

Employee Acknowledgment Form

I acknowledge that I have received the University of Idaho's Alcohol and Controlled Substance Testing Procedures. I also acknowledge that I have received the University's Post-Accident Instructions. I understand that the Director of Human Resources 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 regarding the procedures. I understand that the terms described in these procedures may be altered, amended or changed by the University of Idaho 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.

Employee Name (Printed): _____ Date: _____

Employee Signature: _____

Supervisor Name (Printed): _____ Date: _____

Supervisor Signature: _____

Please return completed forms to crimcheck@uidaho.edu