

St. Clair County Community Mental Health Authority

Drug Testing: Employee Certification of Notification

I certify, by my signature below, that I have received a copy of and have had explained to me, the DOT alcohol and controlled substances regulations and procedures regarding random testing, positive results and any applicable disciplinary action.

Further, I acknowledge my responsibility to make myself familiar with and to comply with the alcohol and controlled substance policies of CMH and DOT as provided me by CMH.

Employee Signature

Date

Supervisor/Designee Signature

Date

Original: Personnel File

cc: Employee
CMH Administrative File