

**CITY OF SANTA CLARITA
DRUG-FREE WORKPLACE POLICY**

ACKNOWLEDGEMENT OF RECEIPT

By my signature below, I acknowledge that I have received, read, and understood the City of Santa Clarita Policy III-9.5, Drug-Free Workplace Policy, and I will abide by its terms. I understand that failure to fully comply with all terms set forth in the policy may lead to disciplinary action, up to and including termination.

Employee's Name (PLEASE PRINT)

Employee's Signature

Date