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Please return completed form to Human Resources (176 Administration Building).

**Section I: Acknowledgement of Receipt and Understanding**

I, \_\_\_\_\_, certify that I have received a copy of and have read the University of Memphis' policy on Drug Testing for Child Care Workers. I have had the policy explained to me and I have had the opportunity to ask questions about it. I understand that, as identified by my supervisor, if my performance indicates that there is reasonable suspicion to believe that I am using or am under the influence of illegal drugs, I must submit to a urine drug test. I also understand that refusal to submit to a drug test, failure to provide adequate urine for testing without a valid medical explanation, or a positive result following a drug test subjects me to immediate disciplinary action up to and including termination.

**Section II: Signatures**

Employee: \_\_\_\_\_ Date \_\_\_\_\_ Employee Name: \_\_\_\_\_