

**Policy Receipt Acknowledgment for Occupational Health & Safety  
Policy 9.08 - Drug, Alcohol and Medication Policy**

PLEASE READ THE DRUG, ALCOHOL AND MEDICATION POLICY CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE POLICY BEFORE SIGNING THIS DOCUMENT.

\_\_\_\_\_  
I \_\_\_\_\_ hereby confirm that I have reviewed the content, requirements, and expectations of the Drug, Alcohol and Medication Policy for employees of the Provincial Civil Service.

I agree to abide by the Drug, Alcohol and Medication Policy as a condition of my employment and my continuing employment with the Provincial Civil Service.

I understand that if I have questions, at any time, regarding the Drug, Alcohol and Medication Policy, I will consult with my immediate Supervisor, Manager or my department Human Resources representative.

I am in a Safety Sensitive Position: Y \_\_\_ N \_\_\_

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Signed before (name): \_\_\_\_\_

Signed before (signature): \_\_\_\_\_

Please send original to Departmental Human Resource Manager for personnel file.