



I, \_\_\_\_\_, have read and been given a copy of the Office Interiors of Virginia, Inc Safety Manual, Policy on Drugs and Alcohol.

### Employee Acknowledgment Of Company Policy On Drugs And Alcohol

\_\_\_\_\_  
initial here

I have read and been given a copy of Office Interiors of Virginia, Inc. policy on drugs and alcohol. I understand that I am subject to its provisions, and to any changes that may be made in the policy. I further understand that if I violate the policy, I will be subject to disciplinary action up to and including discharge.

I understand that under the terms of the company's policy, I will be subject to drug and alcohol testing. I agree that, if requested, I will submit to such testing and that my refusal to comply with such a request or positive test results will subject me to disciplinary action up to and including dismissal.

### Employee's Drug/Alcohol Screening Test Consent

\_\_\_\_\_  
initial here

I understand that I have been requested to provide a urine sample for screening to determine the presence of drugs in my system.

I hereby give my consent to Office Interiors of Virginia, Inc., and any laboratory or health-care provider that the company may designate, to collect and test a urine sample from me for drugs. I authorize the laboratory or health-care provider to release the results of the test to the company and any medical review officer designated by the company.

I understand that if the test results indicate the presence of illegal drugs in my system, I will be subject to disciplinary action up to and including dismissal.

### Employee Acknowledgment Of Company Safety Manual

\_\_\_\_\_  
initial here

I have read and been given a copy of Office Interiors of Virginia, Inc Safety Manual. I understand that I am subject to its provisions, and to any changes that may be made in the policy. I further understand that if I violate any policy, I will be subject to disciplinary action up to and including discharge.

I understand that under the terms of the company's Safety Manual.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

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

*Please sign and return to the Human Resources Administrator*