

**12.2 Acknowledgment of Drug and Alcohol Testing**

I, \_\_\_\_\_, acknowledge receiving and reading a copy of Peczuh Printing's Drug and Alcohol Policy. I voluntarily agree to submit to Company drug and alcohol testing, and to submit to any related physical or other examination when I have been requested to do so.

I authorize the release of the test results (and any other relevant medical information) to Peczuh Printing for its use in evaluating suitability for continued employment. I also release Peczuh Printing from any and all liability arising out of or connected with the testing.

I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to Peczuh Printing, and/or if the test results indicate that I do not meet Peczuh Printing's standards, I may be terminated.

I understand that any attempt to switch, adulterate, or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process may result in termination of employment.

I have read the entire Peczuh Printing Drug and Alcohol Policy in the Handbook and each of the above statements.

**Yes**     **No**

**Print Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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