

# Woodridge Local School District

## ACKNOWLEDGEMENT OF TRAINING

This is to certify that I have been provided the following information and training concerning the District's Drug Testing and Awareness Program:

- A. Board policies on drug-free schools, drug testing, substance abuse, unrequested leaves of absence, and the employee assistance program
- B. the Memorandum to CDL license holders concerning the District's drug-testing program
- C. the effects of alcohol and drug use on the person, the safety of bus riders, and the workplace
- D. the names and locations of counseling and rehabilitation services

I understand that I have a right to all records the District may maintain pertaining to my involvement in the drug-testing program.

I have been provided a copy of this acknowledgement.

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

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CDL License Holder