

EMPLOYEE ACKNOWLEDGMENT FOR FHWA/DOT & NON-DOT

I acknowledge that I have received a copy of the RAC Drug and Alcohol Policy. I also acknowledge that the provisions of the policy are part of the terms and conditions of my employment and that I agree to abide by them. In addition, my signature below constitutes voluntary consent to RAC's request for me to provide urine, breath and blood samples for Department of Transportation testing under 49CFR Part 382 and 40 and/or under RAC's Substance Abuse Program. I fully understand that failure to cooperate will result in termination or the offer of employment being withdrawn.

THIS COPY TO BE MAINTAINED IN THE PERSONNEL FILE

Signature of Employee

RAC Witness

Print Name

Date

Employee Social Security #