

STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL
STANDARD OPERATING PROCEDURE

**Policy for Employees Required to Hold a Commercial Driver's License as a
Condition of Employment**

POLICY ACKNOWLEDGEMENT FORM

By signing this form, I acknowledge I have received and read the State of Alaska's Policy for Employee's Required to Hold a Commercial Driver License (CDL) as a condition of employment.

Drug and Alcohol Testing, Prohibited Conduct, and Requirements

The intent of the federal requirement for drug and alcohol testing is to protect employees, their coworkers, and the traveling public by discouraging the use of prohibited substances. Employees are obligated to cooperate in testing pursuant to this policy. Once directed to test, refusing to do so will be considered a positive result. There are circumstances that may require you to remain at the testing site and you may not refuse to do so; if the tester instructs you that you required to remain at the collection site until you are able to provide another sample, you must do so until you are specifically released by the tester. Refusal to comply will be considered a positive test result.

Employees whose use of alcohol and/or drugs may impact them at work are strongly encouraged to talk with a counselor, the Employee Assistance Program (EAP), a supervisor, or Human Resources. The department is committed to supporting your health and wellbeing and will help you to locate appropriate assistance from a health care organization or professional.

ACKNOWLEDGEMENTS

I understand the State of Alaska requires participation in the drug and alcohol testing program as described herein. Furthermore, I understand any violation of the drug and alcohol testing program will result in disciplinary action up to and including dismissal.

I understand the rules and requirements as described in the State of Alaska Policy for Employees Required to Hold a Commercial Driver's License as a Condition of Employment and agree to them. I provide consent to the State of Alaska (as my employer) to conduct queries of the FMCSA CDL Drug & Alcohol Clearinghouse as necessary for the duration of my employment to determine whether any information regarding a drug or alcohol violation about me exists in the Clearinghouse.

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Employee Signature

Date

Employee Printed Name

Employee ID Number