

**ACKNOWLEDGMENT OF RECEIPT AND CONSENT TO ABIDE BY
UA LOCAL 140/UMCA DRUG FREE WORKPLACE COMMITTEE'S
SUBSTANCE ABUSE POLICY**

I, the undersigned employee or prospective employee hereby acknowledges that I have received a copy of the UA Local 140/UMCA Drug-Free Workplace Substance Abuse policy. I also agree to comply with the substance abuse policy as a condition of employment with any employer or dispatch to any employer by UA Local 140. Further, I also understand that this agreement does not create an obligation or contract of employment between myself and any employer or UA Local 140; however the policy may be subject to an applicable collective bargaining agreement (CBA) if I am included in the bargaining unit covered by said CBA.

Further, I agree to any request under the Substance Abuse policy for a specimen for the purpose of detecting the presence of drugs or their metabolites or alcohol and authorize the designated third-party administrator to arrange the collection the specimen.

I also understand and agree that drug and alcohol test results shall be given to a Medical Review Officer (MRO), an authorized agent for the Employer, an authorized agent of UA Local 140 in so far as the union represents my bargaining unit, the third party administrator and the Employee Assistance Program (EAP). Further, I understand that appropriate disciplinary action may be taken in conformity with the substance abuse policy, if the test is positive.

I understand that if I fail to cooperate with the EAP in regard to a program of counseling and/or rehabilitation required under this policy, the EAP will notify the third party administrator who will then notify the authorized agent of the employer and the authorized agent of UA Local 140 in so far as the Union represents my bargaining unit.

Name (Please Print) _____

Signature _____

Social Security Number _____

Date _____