

**AGREEMENT**

I hereby declare that I have received a copy of and I understand the Smith County Board of Education's maintaining a Drug Free Workplace policy which includes the requirements of the Drug Free Workplace Act of 1988 and the Tennessee Drug Free Workplace Program provisions and that I agree to abide by its terms as a condition of my employment. I further agree to allow the inspections described in this policy, with respect to my property and person, while I am on Board of Education property and/or on Board of Education business. I understand that if I violate the provisions of the policy, I may be immediately discharged.

By this agreement, I hereby consent to be tested for controlled substances and/or alcohol pursuant to the Board of Education's Alcohol and Controlled Substance Testing policy.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Witness's Name

\_\_\_\_\_  
Date