

# EMPLOYEE ACKNOWLEDGMENT AND CONSENT OF DRUG AND ALCOHOL TESTING

FOR University of California, Irvine \_\_\_\_\_  
Company Name (*printed*) Department

I, the undersigned, an employee of the above company, acknowledge that I have read and understand the UC Irvine's Drug and Alcohol Testing Program, and do hereby give my consent to abide by the requirements of the plan. I understand I am required under federal law, as indicated in Title 49 CFR, Parts 40 & 382, to be subject to testing for alcohol and prohibited drugs.

I also acknowledge that I have received educational materials relating to the drug and alcohol-testing program.

I understand that if the test results indicate the presence of drugs or alcohol, I may be subject to disciplinary action up to and including termination by my employer.

\_\_\_\_\_  
Employee Name (*printed*) UCI ID#

\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_  
Witness / Supervisor Date

**This form is to be retained by employer in a secured location separate from  
employee's personnel file**

**(This is applicable only to DOT Positions  
Forward Signed forms to EH&S Zot 2725)**