

**New Jersey Department of Military and Veterans Affairs
Drug Testing Policy for Direct Care Employees**

Employee Acknowledgement of Receipt of the Drug Test Policy

I acknowledge that I have received a copy of Departmental Directive No. 20.1, the:

**NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
DRUG TESTING POLICY FOR EMPLOYEES**

I understand this policy is required by P.L. 2009, Chapter 220, as amended, and has been duly adopted by the State of New Jersey.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarifications for any questions from the employer contact person listed in the policy. I also understand that compliance with all provisions contained in the policy is a condition of my employment.

Any noncompliance with the requirements outlined in Departmental Directive 20.1 will constitute a violation of this policy, and may result in disciplinary action up to and including termination of employment.

I have read and understand this Drug Testing Policy for Direct Care Employees and agree to abide by it. A signed copy of this form shall be placed in my DMAVA personnel file.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____ JOB TITLE: _____

WORK STATION: _____ PHONE #: _____

WITNESS' SIGNATURE: _____