



EMPLOYEE ACKNOWLEDGEMENT AND CONSENT **DRUG FREE WORKPLACE POLICY**

I acknowledge that I have received a copy of and have read and understand the CCD Drugs and Alcohol policy. I understand that it is my responsibility to read and comply with this policy and any future revisions to this policy. Should I have any questions about this policy, I understand that I am to contact the Chief People Officer.

I further hereby consent and agree to submit to testing for controlled substances, illegal drugs (including inhalants), and/or alcohol in accordance with the terms of this policy. I understand that if I do not sign this voluntary Acknowledgement and Consent, or if I refuse a requested drug and/or alcohol test, or adulterate or attempt to adulterate a requested drug and/or alcohol test, or take any other action that changes or attempts to change the results of a requested drug and/or alcohol test, this will result in corrective action, up to and including discharge from employment.

I also understand that the Company may conduct searches to ensure compliance with this policy and that my failure to cooperate with a requested search may subject me to corrective action, up to and including discharge from employment.

I agree that nothing contained in this policy or this Acknowledgment and Consent changes the status of my at-will employment with the Company.

I release and will hold harmless, defend and indemnify the Company and its agents from liability arising from administration and enforcement of this policy, including but not limited to drug and/ alcohol testing and searches.

Printed Name

Signature

Date