

CERTIFICATION OF NOTICE OF POLICY ON ALCOHOL AND CONTROLLED
SUBSTANCES TESTING (AND INFORMATION ON ALCOHOL MISUSE AND
CONTROLLED SUBSTANCES ABUSE)

This is to certify that I have received a copy of the County of Santa Cruz Policy on Alcohol and Controlled Substances Testing, including the attached list of covered job classifications, a listing of vendors/contractors with addresses and phone numbers, Part 40 of the Code of Federal Regulations, and a copy of the booklet for the Employee Assistance Program.

I understand that I am required to sign a statement certifying that I received a copy of this Policy pursuant to Section 382.601 of the Code of Federal Regulations.

I have also received the following materials at this time:

NAME (Please Print): _____

Signature Date