

EXHIBIT C

**EUFULA PUBLIC SCHOOL DISTRICT I-001
AFFIRMATION OF DRUG AND ALCOHOL TESTING POLICY**

As an employee in a safety sensitive position, I affirm that I have received, read and understand the Eufaula Public School District I-001's Drug and Alcohol Testing Policy, I am aware that I may be required to undergo the following types of controlled substance and/or alcohol pre-employment testing, post-accident testing, random testing, and reasonable suspicion testing; that I will be informed prior to the controlled substance/alcohol screen; and, that I may be referred to an education and treatment program depending on the results of the controlled substance/alcohol screen. I agree to abide by all provisions of the anti-controlled substance policy as a condition of my continued employment with the school district.

Employee's Name:

Employee's Signature:

Date:

Eufaula Public School District I-001 Representative:

Date