

**EXHIBIT D**

**EUFAULA PUBLIC SCHOOL DISTRICT I-001  
AFFIRMATION OF  
DRUG AND ALCOHOL TESTING POLICY  
REASONABLE SUSPICION**

As an employee, I affirm that I have received, read and understand the Eufaula Public School District I-001s Drug and Alcohol Testing Policy, I am aware that I may be required to undergo controlled substance or alcohol testing upon reasonable suspicion; 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: