

**EXHIBIT E**

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

**STATEMENT OF POLICY**

Eufaula Public School District I-001 is committed to ensure a safe and controlled substance and alcohol free workplace for all school district employees and the general public. As a public employer, the school district has a compelling interest in establishing reasonable conditions of employment. Prohibiting employee controlled substance/alcohol use is one such condition.

Eufaula Public School District I-001 is concerned with the well-being of its employees and the need to maintain employee productivity. The intent of the Eufaula Public School District I-001's Drug and Alcohol Testing Program is to offer a helping hand to those who need it, while sending a clear message that any controlled substance or alcohol use is contradictory with public services and **WILL NOT BE TOLERATED!**

It is the policy of Eufaula Public School District I-001 that all applicants, for safety sensitive positions, who receive a conditional offer of employment submit to a controlled substance and alcohol test to document they are drug and alcohol free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result for employment and disqualification purposes. Any applicant who receives a confirmed "positive" screen result will have the offer of employment withdrawn and will be subject to disqualification from other application for school district employment for a period of two (2) years from the effective date of the disqualification action.

**AFFIRMATION OF POLICY**

As an applicant for a position, I affirm that I have read and understand the Eufaula Public School

District I-001's Drug and Alcohol Free Workplace Statement of Policy noted above, and I am aware that any offer of employment is conditional upon my taking a drug and alcohol test and the results thereof. If hired into a position for Eufaula Public School District I-001, I agree to abide by all provisions of the anti-drug 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: