

**ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING
REASONABLE SUSPICION DRUG TESTING FOR CHILD CARE WORKERS**

I, _____, certify that I have received a copy of and have read Middle Tennessee State University's policy on Reasonable Suspicion Drug Testing for Child Care Workers. I have had the policy explained to me and I have had the opportunity to ask questions about it. I understand that, as identified by my supervisor, if my performance indicates that there is reasonable suspicion to believe that I am using or am under the influence of illegal drugs, I must submit to a urine drug test. I also understand that refusal to submit to a drug test, failure to provide adequate urine for testing without a valid medical explanation, or a positive result following a drug test subjects me to immediate disciplinary action up to and including termination.

Employee (please print)

Employee's Signature

Date