

CONSENT FORM
FOR ALL GLOUCESTER COUNTY PUBLIC SCHOOL BOARD EMPLOYEES

(Applies to pages 1 and 2 of File No. GBKA-R only)

As a condition of my employment with the Gloucester County Public School Board, I certify the following:

1. I have received and read Regulation GBKA-R on a drug-free and alcohol-free work place as required by the *Drug-Free Work Place Act*, 41 U.S.C., Section 701, it. seq. and the Code of Virginia, Section 22.1-307, and I agree to abide by its terms.
2. I agree to notify the Director of Human Resources, Gloucester County Public School System, of any criminal drug or controlled substance statute conviction. I understand that within ten (10) working days of that notice, the Director of Human Resources and /or his/her designee will advise any affected federal agency of that conviction. I understand that I may receive disciplinary sanctions up to and including dismissal for any such conviction, as well as for any other violation of the school system's regulation regarding controlled substances and alcohol abuse.

Name of Employee

Assignment/Work Location

Signature

Date

CONSENT FORM
FOR GLOUCESTER COUNTY PUBLIC SCHOOL BOARD EMPLOYEES
COVERED UNDER THE
OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT OF 1991

(Applies to pages 3 and 6 of File No. GBKA-R)

I have received and have read the School Board's regulations for employees hired under the *Omnibus Transportation Employee Testing Act of 1991* and agree to abide by them. I agree to submit to drug and alcohol tests at any time as a condition for my initial or continued employment. I authorize any laboratory or medical provider to release test results to the Director of Transportation or the Assistant Superintendent for Administrative Services.

I expressly authorize the Gloucester County School Board or the Director of Transportation to release any test-related information, including positive results, to the Unemployment Compensation Commission or other government agency investigating my employment or the termination thereof.

I understand that this agreement in no way limits my right to terminate my employment or be terminated in accordance with federal and state laws.

Signature

Date

Transportation Director

Date

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