

# STAFFING ON THE GO

## RECEIPT OF DRUG TESTING POLICY

I, \_\_\_\_\_ the undersigned have read the above Drug Testing policy of STAFFING ON THE GO.

I understand that at any time during my employment, I may be asked to submit to a drug test. Further, I understand that testing positive of illegal or illicit drug(s) may result in termination of my employment with STAFFING ON THE GO.

\_\_\_\_\_  
Staff Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date