

**SUMTER COUNTY SCHOOL BOARD**

PS-139  
4/2009

**DRUG-FREE WORKPLACE  
EMPLOYEE CERTIFICATE OF AGREEMENT**

I do hereby certify that I have received, read and understand the Sumter County School Board Alcohol and Drug-Free Workplace Policy, and have had the Drug-Free Workplace Program explained to me. I understand the conditions under which a drug test will be administered. I also understand that failure to comply with a drug testing request or a positive result may lead to sanctions as laid out in the policy, up to and including termination of employment.

Name: _____
Signature: _____
Date: _____