

**Acknowledgment of Receipt
OP-110602 entitled
“For-cause Drug and Alcohol Testing Program”**

My signature below acknowledges receipt of a copy of the above titled agency Operations Memorandum or Addendum with an effective date of _____, and that it is my responsibility to review its contents and comply with any instructions/directives contained therein.

Printed Name

Signature

Six-Digit ODOC Employee ID Number

Date

Please return this completed form to your facility/district/unit human resources office.

Distribution: Original to personnel file