

**BOARD OF TRUSTEES  
CARSON CITY SCHOOL DISTRICT**

**POLICY No. 355  
CERTIFIED STAFF**

**RECEIPT OF POLICY**

I acknowledge that I have received a copy of Carson City School District's CFR 49 Part 382 Alcohol and Drug Testing School Board Policy and Administrative Regulation. I have read the policy and regulation in its entirety, understand it, and will comply with its requirements.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

Cc: Transportation Supervisor