

ADMISSION OF DRUG USE OR ALCOHOL MISUSE

I, _____, freely and without duress and without coercion admit to the use of _____ (i.e. amphetamines, cocaine, marijuana, opiates, phencyclidine or alcohol misuse as defined within the Policy). I acknowledge that such use is a violation of Campbell County Government Drug Abuse Policy which prohibits such use. I waive any right or claim that could be made against the Board under local, state, or federal law with respect to discrimination against a handicapped person whose handicap is the result of either alcoholism or drug addiction. I understand that I am subject to the terms and provisions of the Board's policy.

My admission of use and acknowledgment and agreement to the terms of this statement is indicated by my signature below.

Signature

Date

Witness

Date