

AGREEMENT TO COMPLY WITH CONTRA COSTA COUNTY
ALCOHOL & OTHER DRUG ABUSE POLICY

I acknowledge that I have read and understand the Alcohol and Other Drug Abuse Policy of the County of Contra Costa, and I agree that as a condition of my employment by the County/District, I am required to abide by the terms of the Policy.

Dated:_____

(Employee's Signature)

(Typed or Printed Name)

(Employee No.)

(Department Name)

Cc: Employee
Personnel File