



Covered Employee Acknowledgement

I, the undersigned employee of Riggs Distler & Company, Inc. do hereby acknowledge that I have been provided a copy of this Alcohol, Drug, and Contraband Policy, and I further acknowledge that the intent of this policy has also been explained to me as a part of my New Hire Orientation on the date indicated below.

I understand that disciplinary actions – up to, and including my termination of employment – will result if I violate this policy, or any provision therein.

I further understand that my violating this policy will prohibit me from gaining access to specific job locations as well.

_____ Employee Name – Print	_____ Last 4 Digits of Social Security Number
_____ Employee Signature	_____ Date Signed
_____ Employer Representative Name	_____ Title/Position
_____ Employer Representative Signature	_____ Date Signed

Consent & Authorization for Disclosure to Clients of Riggs Distler & Company, Inc. of Alcohol and Drug Test Results and Related Information

I, the undersigned do hereby consent to the disclosure by Riggs Distler & Company, Inc. (and its agents), including, but not limited to, any collection and testing agencies of the test results identified above and any related information to the Clients of Riggs Distler & Company, Inc. and its authorized agents, assigns, or representatives.

_____ Employee Name – Print	_____ Last 4 Digits of Social Security Number
_____ Employee Signature	_____ Date Signed