| 1 | Charlo Public Sch | ool District | R | |
|------------|---|---|------|--|
| 2 | | | | |
| 3 | PERSONNEL 52 | | | |
| 4 | | | | |
| 5 | Drug and Alcohol Testing for School Bus and Commercial Vehicle Drivers | | | |
| 6 | | | | |
| 7 | The District will adhere to federal law and regulations requiring a drug and alcohol testing | | | |
| 8 | program for school bus and commercial vehicle drivers. | | | |
| 9 | F | | 0 | |
| 10 | The program will comply with requirements of the Code of Federal Regulations, Title 49, §§ | | | |
| 11 | 382, <u>et seq.</u> The Superintendent will adopt and enact regulations consistent with federal | | | |
| 12 | regulations, defining | g the circumstances and procedures for testing. | | |
| 13 | | | | |
| 14 | | | | |
| 15 | Lagal Dafaranaa | 40 U.S.C. § 45101 Alashal and Controlled Sybetaneous Testing (Own | lana | |
| 16 | Legal Reference: | 49 U.S.C. § 45101, Alcohol and Controlled Substances Testing (Omn | Ibus | |
| 17 18 | | Transportation Employee Testing Act of 1991) 49 C.F.R. Parts 40 (Procedures for Transportation Workplace Drug ar | ad | |
| | | Alcohol Testing Programs), 382 (Controlled substance and alcohol us | | |
| 19 20 | | and testing), and 395 (Hours of service of drivers) | æ | |
| 20 | | and testing), and 595 (mours of service of drivers) | | |
| 21 | Policy History: | | | |
| 22 | Adopted on: | | | |
| 23 24 | Revised on: | | | |
| 2 4 | | | | |

ACKNOWLEDGEMENT OF RECEIPT POLICY 5228F

I, ______, an employee serving as a commercially licensed driver for Charlo School District complete this form to document that I have received School District Policies 5228 and 5228P and been given the opportunity to ask questions about the policies to fully understand how the policies govern my employment with the School District.

Employee Signature:

Signature: _____ Date: _____

Supervisor Receipt:

Signature: _____

Date:

REQUEST FOR RECORDS POLICY 5228F2

I, ______, an employee serving as a commercially licensed driver for Charlo School District complete this form to request any records pertaining to my use of drugs or alcohol, including any records pertaining to my drug or alcohol tests in accordance with School District Policies 5228 and 5228P. If I chose to have these records forwarded to a third party, I am noting the contact information in the space provided on this form.

| Employee Signature: | |
|---------------------|-------|
| Signature: | Date: |
| Supervisor Receipt: | |
| Signature: | Date: |

I authorize the School District to send the requested records to the following individual or entity in accordance with the authorization outlined on this form.