



Majestic Mountain Bookkeeping

Payroll & Bookkeeping Services
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DRUG TESTING POLICY

EMPLOYEE ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

I hereby acknowledge that I have read and understand the Majestic Mountain Bookkeeping Drug Testing Policy. I understand that the full text of the Drug Testing Policy is available upon request. I also understand that I must abide by the policy as a condition of employment and any violation may result in disciplinary action up to and including termination. If I am not terminated, I consent to mandatory enrollment in a completion of a Substance Abuse Program at my own expense.

Further, I understand that I will be required to submit to testing for the presence of drugs and or alcohol immediately (within 32 hours) of any work-related accident, injury and/or illness. I understand that the company that collects my specimen and the testing laboratory that tests my specimen may communicate my test results and other information acquired in the testing process to Majestic Mountain Bookkeeping and its agents, representatives and employees. I understand that is I refuse to execute all forms of consent, refuse to consent to testing after a work-related accident, injury and/or illness or test positive on a drug and alcohol test Majestic Mountain Bookkeeping has the right to administer disciplinary action, up to and including termination.

THE UNDERSIGNED FURTHER STATES THAT HE/SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEROF AND SIGNED THE SAME OF HIS/HER OWN FREE WILL.

Employee Signature

Date

Please Print Employee Name

Please Print Client Name