

Any employee who tests positive and is sent for substance abuse professional (SAP) evaluation will be required to pay for the return-to-duty test. The cost of follow-up testing requested by Department of Transportation (DOT) and/or **COMPANY** will be deducted from employee's paycheck.

EMPLOYEE ACKNOWLEDGMENT

The following form must be filled out and signed by all employees upon initial hiring, and annually. One copy will be retained in the employee's permanent records.

Acknowledgment of Receipt of Operations Manual

This manual contains important information about Superior Excavating Soils and Services LLC, and I understand that I should consult the Director of Operations regarding any questions not answered in this manual.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the Operations Manual may occur. All such changes will be communicated through official notices. I understand that revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this manual is neither a contract of employment nor a legal document. I have received the Operations Manual and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

I further acknowledge having read the Operations Manual and will adhere to the procedures stated and referenced in this Manual.

I further acknowledge that as a condition of my employment I will be subject to recording and monitoring through video and audio security cameras, subject to legal conditions.

I further acknowledge that information in this manual is proprietary and I will not share its contents with persons outside of the company.

Additionally, I certify that I have read and received a copy of **Superior's and Salt and Scents** policy on drugs and alcohol testing procedures. I understand that as a condition of employment I must comply with these guidelines, and do agree that I will remain medically qualified by following the procedures.

Employee's Name (printed): _____

Employee's Signature: _____ Date: _____