



**Court Services and Offender Supervision Agency
for the District of Columbia**

Office of the Director

DRUG-FREE WORKPLACE PROGRAM – 60-DAY NOTICE

ACKNOWLEDGEMENT FORM

Please sign and date this acknowledgement in the space provided below. Your signature indicates that you have received and read the Drug-Free Workplace Program 60-day notice.

Employee's Name: _____
(print clearly)

Employee's Signature: _____

Date: _____

Sign and return the form to your supervisor by Friday, August 1, 2003. Supervisors return the form to Court Services & Offender Supervision Agency, Office of Security, 633 Indiana Avenue, Suite 832, Washington, DC 20004, Attention: Tresa J. Grosshans, Manager, Drug-Free Workplace Program by Friday, August 8, 2003.