



<b>QF214</b>	<b>DRUG and ALCOHOL DECLARATION</b>
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**DECLARATION BY EMPLOYEE**

I have read, understand and accept the terms of the Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service Drug and Alcohol Policy.

Name of Employee: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_