

ACKNOWLEDGEMENT & CONSENT

By this document, I hereby acknowledge the receipt of the Administrative Personnel Policy and Procedures that I have read, understand and will abide by *all* policies contained and referenced in this Policy as a condition of my continued employment. I understand that the Policy is not a contract of employment, express or implied, and does not create binding obligations on MBCI. I also understand that MBCI has the right, at any time, and for any reason, to make changes in all employment policies, instructions, and procedures and with retroactive effect. I further understand that my employment is not for any specific term or period of time, and that the MBCI may take any action concerning my employment, including termination of my employment, with or without cause, without notice, and without further obligation to me. I further understand and agree that future updates to this Policy may be made and noticed through any means.

I hereby agree to abide by all MBCI policies and to use their specific reporting procedures if I believe I have experienced or witnessed conduct, illness, or injury covered by the policies.

I specifically consent to MBCI conducting telephone monitoring and video surveillance on MBCI premises (other than locker and restrooms), and monitoring and/or inspecting any information on or from MBCI-provided communication systems in accordance with this Policy. Any personal belongings and vehicles are also subject to search for reasonable cause consistent with the Constitution and Bylaws of the Mississippi Band of Choctaw Indians.

I further understand and agree that, if I am terminated or I terminate my employment, I have three business days to return all MBCI property in my possession or signed out to me. I understand and agree that the cost for any unreturned MBCI property, as well as any outstanding debts or negative balance annual leave I owe to MBCI, may be withheld from my final paycheck. I understand and agree that if my final paycheck does not cover the cost for any unreturned MBCI property, outstanding debt, or negative balance sick leave, and I do not pay those amounts to MBCI by December 31 of that year, MBCI may take appropriate legal steps to recover any unpaid amounts owed to MBCI and MBCI will consider those amounts to be gross income and will report those amounts on my W-2 form for that taxable year.

PLEASE PRINT NAME

SIGNATURE

DATE

**EMPLOYEE NOTICE AND ACKNOWLEDGEMENT OF
MBCI DRUG AND ALCOHOL TESTING REQUIREMENTS**

Notice of Drug and Alcohol Testing Policy and Procedures: The Mississippi Band of Choctaw Indians is committed to providing a drug-free, safe, healthy and productive workplace environment. It is the policy of the Mississippi Band of Choctaw Indians ("Tribe") to require employees, as a condition of employment, to consent to testing for the presence of illegal drugs and/or alcohol as well as consent to lawful searches or inspections of person and property to ensure no drugs, alcohol, drug paraphernalia or other contraband are present in the workplace. It is also the Tribe's policy to encourage employees to voluntarily seek assistance for alcohol or substance abuse.

As part of the Tribe's drug and alcohol testing policy, employees are required to consent to random testing, post-rehabilitation testing, post accident testing and reasonable suspicion testing. An employee who fails a test will be subject to disciplinary action up to and including termination. An employee has the right to refuse to undergo testing, search or inspection. However, refusal to take a drug or alcohol test or consent to a search or inspection required under this policy will result in termination of employment. Likewise, any employee that fails to appear for a test, refuses to cooperate in the testing process or procedures, adulterates or dilutes or substitutes the specimen, or sends an imposter is considered to have refused to take the required test. A complete copy of the Drug and Alcohol Testing Policy is either attached to this notice or will be given to you upon request.

Applicant Acknowledgement and Consent: I have received, read, and understand the above notice of the Tribe's Drug and Alcohol Testing Policy. I understand that I may request a complete copy of the Drug and Alcohol Testing Policy for my records. I agree to abide by the terms of the Tribe's Drug and Alcohol Testing Policy as a condition of my continued employment. I understand that those terms may require that I be asked to consent and submit to random drug and alcohol tests as well as agree to allow the Tribe to make lawful searches of my person or property, including my vehicle, while on Tribal property. I further consent to any drug or alcohol test if I have been injured in an accident on the job or while operating MBCI machinery or vehicles and due to such injuries, I am unable to then consent.

Check which Policy Which Applies:

- MBCI Drug & Alcohol Policy _____(Initial)
- DOT Drug & Alcohol Policy _____(Initial)
- FTA Drug & Alcohol Policy _____(Initial)

PLEASE PRINT NAME

SIGNATURE

DATE