

**INSTRUCTION:** Please sign and return this form to your Department Chairperson, County Administrator, College Administrator or Supervisor.

MEMORANI	<u>DUM</u>		
TO:	Dr. Maria Gallo Dean, CTAHR		
SUBJECT:	Compliance with the UH Executive Policy E11.201		
The undersigned hereby acknowledges receiving a copy of the Executive Policy E11.201, Illegal Drugs and Substance Abuse, of the University of Hawai'i (UH), which I am told is in compliance with the requirements of the Drug-Free Workplace Act of 1988.			
I understand that this policy sets forth the responsibilities of the employer (UH) and employee (myself).			
Si	gnature	Date	
Pri	nt Your Name	Name of Dept/County/Unit	