

**APPENDIX A:  
CONSENT TO DRUG AND ALCOHOL TEST**

I acknowledge that Mission Yogurt, Inc. ("Mission Yogurt") has requested that I submit to drug and alcohol testing pursuant to its Drug and Alcohol Policy.

I understand that the testing will be conducted at a clinic, laboratory, or other facility selected by Mission Yogurt and that Mission Yogurt will bear the cost of that testing.

I understand that the testing is voluntary on my part and that I may refuse to undergo the testing. However, I also understand that such refusal will be grounds for discipline up to and including termination of my employment or rejection of my application for employment.

I further understand that the test results may be released to Mission Yogurt and that the results may be used as grounds for discipline up to and including termination of my employment or rejection of my application for employment.

With full knowledge of the foregoing, I hereby consent to submit to drug and alcohol testing as requested by Mission Yogurt.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Date