

Last Chance Agreement

The following agreement is a commitment to the conditions of employment between _____
(referred to herein as the Company) and _____ (employee name).

I, _____ (employee name) understand that as a result of my violation of the Company Substance Abuse Policy, I have been formally informed by the Company that my employment as of this date _____ is conditional regarding my compliance with the conditions enumerated below.

I agree to:

1. An evaluation by a Substance Abuse Professional (SAP), that has been approved by the Company; and
2. Enroll in a rehabilitation program, that has been approved by the Company and the SAP, for professional treatment regarding my substance abuse problem; and
3. Provide a return-to-work specimen for drug and/or alcohol that meets the requirements of the Company Substance Abuse Policy, for substance abuse testing prior to my request to be reinstated as an employee of the Company. This specimen must be reported to the Company as an unadulterated "Negative", prior to my return to work; and
4. Request to be reinstated for duty by the Company only after presenting a "recommendation" for a return to duty "signed by my treatment counselor; and
5. Follow the treatment prescribed by my treatment counselor to its conclusion; and
6. Consent to "follow-up" substance abuse testing at the request of the Company for a period of up to 60 months; and
7. Be held responsible for the actual cost of any substance abuse testing and treatment required during this 60-month period.
8. Be subject to all other work rules including attendance, tardiness, and job performance issues.
9. Agree to sign a release of information statement to allow my treatment provider to report to the Company any lapse or missed treatment sessions.

Failure to comply with these conditions or a second positive test result, a refusal to test, or an adulterated test result will be just cause for my immediate termination.

To be read to employee by Company official: by signing below you are indicating that you understand this agreement. If you do not understand this agreement, I will be glad to explain it to you now. If you understand and agree to the conditions of this Last Chance Agreement and commit to comply with these conditions, and you understand that any violation of the above conditions, including another positive test result or refusal, will be grounds for termination of employment, please indicate such by signing your name, and today's date, below.

Employee Signature

Date

Witness – Supervisor

Date

Witness – Company Official

Date