

Last Chance Agreement

Drug & Alcohol Policy Violation - Termination Alternative

EMPLOYEE INFORMATION

Employee's Name: _____

Driver's License #: _____

COMPANY NAME: _____

Date of Violation: _____

EMPLOYEE ACKNOWLEDGEMENT & AGREEMENT

The above-mentioned employee acknowledges and agrees that their willful violation of the Company's Drug Prevention & Employee Testing Policy should have resulted in their immediate termination of employment. However, the above employee has requested that the employer reconsider their right to terminate, in exchange for the employee's promises and written guarantees to the following terms of continued employment.

As the violating employee, I agree to all the following terms & conditions of continued "at-will" employment:

- I will be immediately removed from all "Safety-Sensitive" and "Safety-Related" job functions, for no less than seven (7) calendar days. The employer may extend this removal for up to 30 additional calendar days, if needed.
- I will be required to locate and pay for my own Substance Abuse Professional (SAP), within the next 7 calendar days, and arrange for an initial & follow-up assessment. An acceptable SAP can be found at: www.saplist.com.
- In addition to the S.A.P. requirements, I understand that I can also seek additional free self-help and support by calling 1-800-662-HELP. Free drug prevention materials, telephone support and free treatment referrals offered.
- I agree to cause the S.A.P. to deliver my personal Return to Work Authorization, Follow-Up Treatment Plan and Follow-Up Test Schedule direct to my employer and to FORENSIC Drug Testing Services, Inc. At: info@fdtsi.com
- I understand & agree that I may NOT return to work for the above company, until I provide the Company with a written "Return to Work Authorization" document, signed by a qualified Substance Abuse Professional (SAP).
- I understand & agree to follow the Substance Abuse Professional's (S.A.P.) written "Follow-Up Testing Schedule" and provide all Return to Duty & Follow-Up Testing under same-gender Direct Observation.
- I understand & agree that the company may require additional testing, under its own authority, such as Hair, Urine, Saliva, Breath, Ocular Impairment testing or any combination of testing needed to ensure my continued "drug-free" status.
- I understand & agree that I will be terminated should I attempt to defeat the sample collection or testing of my Return to Duty, Follow-Up or any other company directed testing event.
- I understand & agree should my Return to Duty, Follow-Up, Random or any other testing event be reported by FDTSI as "Positive", "Refusal", "No Show", "Invalid" or anything other than "Negative", I will be terminated.
- Finally, I understand & agree, should I fail to complete any of the above tasks, or violate any written policy or directive of the employer, within the next 60 months, I may be immediately terminated from employment.

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge and accept that, on the above listed violation date, I knowingly violated my employer's written substance abuse policy. I agree that, based on the seriousness of my violation, I should be terminated. However, I feel I can stop my irresistible compulsion to consume intoxicants, if I'm given this last chance opportunity. As such, I agree to adhere to all the above listed terms and conditions of my continued employment, and I agree to remain drug & alcohol free for the full duration of my employment.

Consenting Employee Signature: _____ Date: _____

Accepting Employer: _____ Date: _____