**RETURN TO WORK AGREEMENT**

This Return to Work Agreement is required because: (check all that apply)

[ ]  The employee tested positive for a substance of use.

[ ]  A supervisor referred the employee to the EAP or treatment due to declining job performance.

[ ]  The employee has violated a work rule that could result in termination.

[ ]  The employer is giving the employee a ‘last chance’ to work free of alcohol or drugs.

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the employee acknowledges that he/she understands this is his/her last chance to address his/her problem with alcohol and/or other substances of use and must satisfactorily meet the organization’s expectations and standards. The employee understands that failure to comply fully with this agreement will result in IMMEDIATE termination.

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Signature of Employee Date

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Signature of Supervisor Date

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Signature of Union Representative (or other official) Date