**Drug Testing: Last Chance Agreement**

In lieu of terminating employment of an employee who tests positive for illegal substances, [Company Name] provides the employee a final opportunity to agree to comply with all company policies and practices.

On [date], [Employee Name] and [Company Name] agree to the following:

The employee tested positive for an illegal substance, a serious violation of company policy. Instead of immediately terminating employment, [Employee Name] will be suspended from work without pay for \_\_\_\_\_\_\_ consecutive workdays beginning [date].

The employee agrees to abstain from the use of illegal substances. The employee has received another copy of [Company Name]’s drug and alcohol policy and agrees to comply with all provisions of this policy.

The employee will actively participate in the company’s employee assistance program (EAP). The employee will schedule an initial EAP appointment no later than one week from the date of this agreement.

If instructed by the EAP counselor to seek medical advice, the employee will seek assistance from a medical professional regarding the use of illegal substances and will comply with all of the medical professional’s recommendations. The employee further agrees to sign the appropriate medical release authorization to allow [Company Name] to receive information from the medical professional.

The employee agrees that all costs of medical consultation and treatment will be the responsibility of the employee and the employee’s medical insurance (as applicable).

If absence from work is necessary as part of the treatment or rehabilitation, the employer will designate the absence as a Family and Medical Leave Act (FMLA) absence as long as all FMLA requirements under the company’s policy, including medical certification, are met. Available accrued sick leave, vacation and personal leave will be used concurrently with the FMLA leave.

The employee agrees to unannounced periodic follow-up drug testing for a period of two years from the date of this agreement.

The employee understands that [Company Name] is an employment-at-will employer. The employee agrees to comply with all company policies, practices and procedures and understands that this agreement in no way prevents the employer from taking disciplinary action, including termination, for violations.

The employee accepts that this agreement is the employee’s last chance to remain employed at [Company Name] while addressing the employee’s use of illegal substances. Failure to comply fully with the terms of this agreement will result in immediate termination.

Agreed to by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                     (Signature of Employee)

Employee’s printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                  (Signature of Supervisor)

Supervisor’s printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                        (Signature of Human Resources Director)

Human Resources Director’s printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_