

RETURN-TO-WORK AGREEMENT

has provided this agreement to protect both the employee and the company from any misunderstanding as to the terms of the employee's returning to work. It is understood that work attendance and job performance will be monitored during the terms of this agreement period in order to ensure successful completion.

will make every effort to hold the contents of this agreement confidential, except when carrying out agreed upon procedures to monitor the employee's progress and compliance.

I, _____, agree to the terms of this agreement for a period of 1 year and understand that my reinstatement to employment is based on the following terms:

- 1. I will abstain from all mind-altering drugs and potentially addicting medications and alcohol. In the event that such medications are necessary as part of my health care, I agree to notify my employer immediately by contacting my supervisor.**
- 2. I will actively participate in and complete all treatment recommendations and goals as set forth by St. Elizabeth Employee Assistance Program, and the Chemical Dependency Intensive Outpatient Program.**
- 3. I will actively participate in the recommended Aftercare Program which follows treatment as determined by my treatment provider(s).**
- 4. I understand my EAP counselor will be in contact with my supervisor and my continuing care counselor, and I have signed the necessary releases to make this possible.**
- 5. I agree to and understand that I may be subject to random drug/alcohol screening at my employer's discretion during the term of this agreement.**
- 6. I agree to follow all recommendations set forth by my treatment counselor in my Discharge Plan.**

7. I agree to communicate to my EAP counselor and supervisor any concerns regarding my treatment, which are related to work place circumstances or other aspects of my employment.
8. I understand that upon return to work I must meet all established standards of conduct and job performance. I will be subject to the company's disciplinary procedures for any failure to meet those standards.
9. I understand I will be subject to these conditions of employment until I have completed at least 12 months of work. Upon completion of that period of work the appropriate parties will review my job performance and recovery process and determine if the terms of these conditions of employment will be removed, modified, sustained, or added to.
10. I understand my company's Drug Free Workplace Policy and the disciplinary actions which will be taken.

I UNDERSTAND AND AGREE THAT MY CONTINUED EMPLOYMENT IS CONTINGENT UPON MY MEETING SATISFACTORILY ALL THE ABOVE TERMS OF THIS AGREEMENT AND THAT MY FAILURE TO DO SO SUBJECTS ME TO DISCIPLINARY ACTION AS DETERMINED BY MY EMPLOYER

Employee Signature

Date

Supervisor Signature

Date

cc: Employee
Supervisor
EAP