



Self-Report

REASONABLE SUSPICION & LAST CHANCE AGREEMENT



EMPLOYEE NAME:

S.S.N.:

Company Name:

Today's Date:

I agree that I have voluntarily and of my own free will, come to my employer and informed them that I am currently abusing illegal drugs and/or alcohol, in violation of Company Policy. I have made this self-admission, prior to being selected for testing, in the hopes of gaining my employer's assistance in overcoming my continued use. If my employer agrees to allow this one last chance, I promise to do all the following "Employee Mandates" or face immediate termination from employment. These tasks will be at my sole expense.

EMPLOYEE MANDATES:

➤ **REASONABLE SUSPICION TESTING:**

The above employee will submit to an immediate "Reasonable Suspicion" drug and breath alcohol testing process through FDTS, Inc, without delay. This lab-based testing procedure is required because of the employee's own self-admission to the current illegal use of a prohibited substance in violation of Company Policy, Federal and/or State laws. Furthermore, this test will provide the Company with an immediate Return to Duty option, should the test show "negative".

➤ **REMOVAL FROM DUTY:**

The above employee will be removed from duty for no less than 7 calendar days, starting from today's date. The employer may extend this removal for up to 30 days, if it is deemed appropriate. However, should the above "Reasonable Suspicion" testing procedure indicate a result of "Negative" (*Drug-Free*), the employer may elect to immediately return the employee back to full duty, without the 7-30 day waiting period. In the event of a confirmed Breath Alcohol Test result reading of .04% or higher, the 7-day removal is imposed. If the violation was due to a confirmed breath alcohol test reading of **.01-.039%**, the removal from duty will be no less than 24 hours.

➤ **SELF-HELP:**

The Employee must seek "Self-Help" assistance with his or her own substance abuse problem, by calling **1-800-662-HELP**. The employee will be solely responsible for seeking self-help and will be solely responsible for the successful completion of any available program. The Company will not pay for any costs associated with attending a program, unless these benefits are offered through our Company's benefit package. Your success depends on you!

➤ **RETURN TO DUTY:**

Once the Employee is removed from duty, he/she will **not** be allowed to return to work for the Company until a minimum of seven (7) calendar days have past **AND** a "Negative" (*Drug Free*) sample is provided. If the employee provides a sample that is reported by the lab as Dilute, Out of Temperature, Invalid or as anything other than "Negative", the employee may be terminated. Your return to duty testing will be conducted under same-sex direct observation, which means the sample collector will be in the restroom with you, watching your urine leave your body into the sample cup. If this process is acceptable to you, we are prepared to offer you an opportunity to return to work, conditioned upon your results of the Return to Duty test. As such, you are required to submit to your direct observation Return to Duty test at: **FORENSIC Drug Testing Services, Inc. (760) 770-6068 - Appointment Time is: 9:00AM.**

Appointment date is:

➤ **FOLLOW-UP DIRECT OBSERVATION TESTING*:**

Once the employee is returned to duty, the Employee must then submit to series of unannounced, *directly observed*, drug & breath alcohol follow-up testing, which may consist of urine, hair, fingernail or any other test(s) requested by the Company, for the next two years. The following is a list of the **MINIMUM** amount of testing that will be required, as a condition of continued employment. More testing may be required, more often, if desired by employer. *Employee Paid \$49.75 Urine & \$35.00 Breath Alcohol.*

- **FOUR (4) URINE & BREATH Tests for months 1-3; THREE (3) URINE & BREATH Test for month 4-6;**
- **TWO (2) URINE & BREATH Tests for month 7-12; ONE (1) URINE & BREATH Test for months 13-24.**

EMPLOYEE AGREEMENT

I have asked my employer to give me this one last chance, conditioned upon my promise to remain drug & alcohol free for the rest of the time I remain employed by the company. I understand that this is a life changing agreement that I have agreed to make and it will never expire, during my employment with the Company.

Employee Signature: _____

Supervisor Signature: _____