Non-Regulated
LAST CHANCE AGREEMENT

EMPLOYEE NAME: _____ **S.S.N.:** _____

Company Name: _____ **Today's Date:** _____

I agree that I was insubordinate by knowingly violating my Company's Substance Abuse Policy, which should have resulted in my immediate termination from employment. Instead of termination, I've asked my employer to give me one last chance, so I could seek my own help in overcoming my drug and/or alcohol related problems. If my employer agrees to allow this one last chance, I promise to do all the following "Employee Mandates "listed below or face immediate termination from employment. These tasks will be at my sole expense.

EMPLOYEE MANDATES:

- **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 from duty for up to 30 days, if it is deemed appropriate. A BAC reading of .04% or higher is also no less than 7 calendar days. 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:

  - **(4) FOUR URINE & BREATH Tests for months 1-3;**
  - **(3) THREE URINE & BREATH Test for month 4-6;**
  - **(2) TWO URINE & BREATH Tests for month 7-12;**
  - **(1) ONE 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 will never expire, during my employment with the Company. I further understand that Return to Duty, Follow-Up and regularly scheduled Random testing will be required of me. I promise to seek whatever help I can find in overcoming my drug and/or alcohol problem, either by calling 1-800-662-HELP or locating my own professionals. Finally, I agree to remain drug & alcohol free at all times and I agree to perform all my required job duties in an exemplary manner, which includes reporting to work on time and complete compliance with all company policies and directives.
I also understand that I will be terminated should I test "Positive","Substituted","Adulterated" or "Dilute" on any of my future tests or if I violate any of the above mandates.

Employee Signature:_____ **Supervisor Signature:**_____ **Date:** _____