

Last Chance Agreement



I, _____, understand that my (reinstatement and) continued employment (are) is contingent upon compliance with all of the following terms of this agreement.

I will be evaluated for chemical dependency by the company's employee assistance program (EAP).

I will comply with all of the EAP treatment and follow-up recommendations.

I authorize (Company Name) to receive all relevant information regarding my progress in my rehabilitation program.

I will be subject to unannounced testing (follow-up monitoring) for up to two years.

I recognize, accept, and agree that any future violation of the Sheet Metal Drug Testing Program's drug-free workplace policy by me will result in the termination of my employment.

I am responsible for meeting the same standards of performance and conduct that are set for other employees.

I understand that failure to comply, in whole or in part, with all of the terms and conditions of this agreement will result in further disciplinary action, up to and including termination of employment with (Company Name).

I understand that failure to comply, in whole or in part, with all of the terms and conditions of this agreement will make me ineligible for hiring at other participating employers in the Northwest Sheet Metal Labor Management Cooperation Trust Drug Testing Program (SNAP).

Employee Signature _____ Date _____

Company Representative _____ Date _____