

Sample Last Chance Agreement

***(PERFORMANCE ISSUES, OTHER THAN
POSITIVE DRUG OR ALCOHOL TESTS)***

(Date)

Mr. John Smith
123 Main Street
Any Town, Michigan 45321

Dear Mr. Smith:

Pursuant to our conversation on January 12, 20__, you and the company have agreed to the following conditions of employment in lieu of suspension/discharge.

I. Outline specific job performance goals and objectives that are quantifiable. The more specific you are the better.

II. You agree to receive counseling services through the Employee Assistance Center (EAC) or the treatment provider EAC refers you to. You agree to sign a release at the EAC authorizing them to report to the company your attendance and follow-through with treatment recommendations.

Failure to meet the above stated performance standards as determined by us in the exercise of our sole judgment, or failure to follow through with counseling to completion, will result in enforcement of your discharge. Nothing in this letter changes our policy that your employment will be continued "at will", and we retain the right to terminate employment at any time, with or without cause, and you have the same right. *(If this employee is covered by an employment contract or bargaining agreement, the "at-will" language does not apply.)*

The undersigned have read, understand and agreed to the conditions of employment at stated above.

John Smith

Date

Manager/Supervisor's Signature

Date

Union Official's Signature (if applicable)

Date

(Date)

Mr. John Smith
123 Main Street
Any Town, Michigan 45321

Dear Mr. Smith:

In lieu of your discharge for a positive drug/alcohol test on (date), ABC Company has agreed to continue your employment under the following conditions.

You agree to receive counseling services through the Employee Assistance Center (EAC) or the treatment provider EAC refers you to. You agree to sign a release at the EAC authorizing them to report to the company your attendance and follow-through with treatment recommendations.

You may be subject to drug/alcohol screens for _____ calendar years, or until (date).

Failure to follow through with counseling to completion or receiving a second positive alcohol/drug test, will result in enforcement of your discharge. Nothing in this letter changes our policy that your employment will be continued "at will", and we retain the right to terminate employment at any time, with or without cause, and you have the same right. *(If this employee is covered by an employment contract or bargaining agreement, the "at-will" language does not apply.)*

The undersigned have read, understand and agreed to the conditions of employment at stated above.

John Smith

Date

Manager/Supervisor's Signature

Date

Union Official's Signature

Date

Sample Last Chance Agreement

(D.O.T. - POSITIVE DRUG OR ALCOHOL TEST)

(Date)

Mr. John Smith
123 Main Street
Any Town, Michigan 45321

Dear Mr. Smith:

In lieu of your discharge for a positive drug/alcohol test on (date), ABC Company has agreed to continue your employment under the following conditions.

You agree to receive counseling services through the Employee Assistance Center (EAC) or the treatment provider EAC refers you to. You agree to sign a release at the EAC authorizing them to report to the company your attendance and follow-through with treatment recommendations.

You will be subject to a drug & alcohol screen prior to returning to your safety sensitive job.

You will be subject to a minimum of _____ drug & alcohol screens during the course of the next _____ year(s).

Failure to follow through with counseling to completion or receiving a second positive alcohol/drug test, will result in enforcement of your discharge. Nothing in this letter changes our policy that your employment will be continued “at will”, and we retain the right to terminate employment at any time, with or without cause, and you have the same right. *(If this employee is covered by an employment contract or bargaining agreement, the “at-will” language does not apply.)*

The undersigned have read, understand and agreed to the conditions of employment at stated above.

John Smith

Date

Manager/Supervisor's Signature

Date

Union Official's Signature