



## Sample Return to Work Agreement

By signing this agreement I, **[insert employee name]**, accept and agree to the following terms and conditions that will govern my continued employment with and my return to work with **[insert employer name]**.

### I. Treatment

1. I acknowledge that my work performance and/or behavior have resulted in the need for intervention and have provided a basis for the termination of my employment with **[insert employer name]**. As a consequence, and in order to avoid **[the termination of my employment] [suspension]**, I voluntarily accept the terms of this agreement.
2. I agree to submit to an immediate evaluation by a health care professional of the employer's selection.
3. I will follow all treatment recommendations of said professional, including, without limitation, entry into a residential treatment program.
4. I understand that I am responsible for all costs associated with the treatment program to the extent they are not covered by insurance.
5. I will authorize regular progress reports to be made to the employer during treatment **[tailor to specific consent or requirement]**.

### II. Return to Work

1. Upon completion of the recommended treatment program, I understand that **[insert employer name]** will return me to **[employment] [position]**.
2. Upon my return, I will review all aftercare requirements and recommendations with **[my Human Resources Coordinator] [my Department Head]** (on a need to know basis).
3. I understand and acknowledge that my return to work will be conditioned upon my strict compliance with the following:
  - (a) Strict compliance with the treatment recommendations made by the treatment professionals with whom I have been working. Upon completion of my treatment program, a summary of those recommendations will be prepared and attached as Exhibit A to this agreement, and I will re-execute this agreement at that time **[tailor consistent with medical authorization]**;
  - (b) Complete abstention from all mood-altering substances except in strict accordance with the written authorization of a licensed physician who has been advised in advance of my treatment for substance use disorder and who has reviewed any such prescription in advance with my substance use counselors **[tailor to address off-duty alcohol use]**;
  - (c) Regular attendance at required or recommended after care programs.



4. For a period of **[two years]** from the date of my return to work, I agree to submit to testing to detect the presence or use of **[drugs] [alcohol]**, on any basis including random or unannounced, and at the times and on the terms that are communicated to me by **[insert authorized person or entity]**.

5. I understand and acknowledge that I continue to be bound by and must adhere to all standards of professionalism, behavior, and performance that are required of employees, including but not limited to those set out in the employer's policy manual.

6. This agreement does not guarantee my employment or compensation for any period of time, nor does it in any way alter my status **[as an at-will employee]**. I understand and acknowledge that strict adherence to these terms and conditions are a requirement of my continued employment with the employer and that any violation of the terms of this agreement will result in my immediate termination.

By my signature below I confirm that I have reviewed and considered these terms and accept them voluntarily as a constructive part of my recovery. I also acknowledge that these terms are being provided to me as an alternative to **[the termination of my employment] [suspension]**. I understand that I may withdraw my consent at any time during the term of this agreement, but acknowledge that withdrawing my consent is a **[voluntary termination of my employment] [suspension]**.

Signature # 1: At time of intervention

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

Signature # 2: Upon return to work and incorporating aftercare

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

