

LAST CHANCE AGREEMENT

**Housing Authority of Douglas County
902 West Stanton Street
Roseburg, OR 97470
(541) 673-6548**

On occasion, an employer and a discharged employee may sign a 'rehabilitation agreement' or 'last chance' agreement, under which the employer voluntarily reinstates the employee in return for a pledge to enter treatment as well as to improve job performance. Usually, the employee agrees that should they violate the terms of the agreement, either by failing to remain in treatment or by further misconduct at work, they will be terminated.

CONDITION OF EMPLOYMENT

I, _____, understand that approved leave of absence and my continued employment is based upon the following terms:

1. I agree to be evaluated by a competent authority and/or professional counselor of the Housing Authority of Douglas County's (HADCO) choosing, and if recommended, shall immediately enroll and continue in a bonafide alcohol/drug inpatient or outpatient rehabilitation program approved by HADCO. I fully understand that should I fail to complete successfully, either the inpatient or outpatient program, my employment will be terminated.
2. In addition to the requirements of paragraph 1 above, I shall immediately enroll and continue in a bonafide aftercare program approved by HADCO which includes joining and attending all prescribed drug and/or alcohol support group meetings for a minimum of 24 months following successful completion of the above alcohol/drug rehabilitation program. If I do not continue aftercare program and support group meetings, I understand that my employment will be terminated.
3. I agree to attend all meetings recommended by the alcohol/drug rehabilitation counselors as a condition of my continued employment. HADCO has my permission to verify my attendance.
4. I agree to follow all of the drug/alcohol rehabilitation counselors' instructions regarding family participation in the treatment program.
5. I understand that the signing of this agreement shall allow HADCO the right to communicate with my physicians and/or counselors regarding my status and progress during rehabilitation and aftercare.

6. I agree to submit to an alcohol/drug test (blood test or urinalysis), if requested by HADCO, during the 24 months that I am involved in the aftercare. I understand that if I refuse to take an alcohol/drug test, refuse to cooperate in the testing, or if the tests are positive, my employment will be terminated immediately. I further understand that HADCO policy of zero tolerance (alcohol and drug free) dictates that if there is any measurable amount of alcohol or drugs indicated by these tests, I will be terminated.
7. Upon completion of 24 months of aftercare, my job performance and recovery progress will be reviewed, and the terms of this condition of employment may be extended an additional 12 months at the discretion of HADCO.
8. I understand that upon return to the workplace, I must meet all established standards of conduct and job performance and that I will be subject to HADCO disciplinary procedures for any failure to meet their standards.

I understand and agree that my continued employment is contingent upon my meeting satisfactorily all the above terms and that my failure to do so relinquishes and defenses on my part and subjects me to immediate termination of employment.

Employee Signature

Date

Executive Director

Date