



Return to Work Agreement

By signing this agreement I accept and agree to the following terms and conditions that will govern my continued employment with and my return to work with [insert firm 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*] [*partnership*] with the firm. As a consequence, and in order to avoid [*the termination of my employment*] [*my expulsion from the firm*], I voluntarily accept the terms of this agreement.
2. I agree to submit to an immediate evaluation by a health care professional of the firm's selection.
3. I will follow all treatment recommendations of that 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 firm during treatment [*tailor to specific consent*].

II. Return to Work

1. Upon completion of the recommended treatment program, I understand that the firm will return me to [*employment*] [*partnership*].
2. Upon my return, I will review all aftercare requirements and recommendations with [*the firm loss prevention partner*] [*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 it 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 abuse and who has reviewed any such prescription in advance with my substance abuse counselors [*tailor to address off-duty alcohol use*];

- (c) Regular attendance at required or recommended 12-step 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*]. I understand that at the conclusion of the [two]-year period the firm, in its sole discretion, may extend the period during which I will submit to drug testing for an additional year. [*Use caution in defining alcohol testing to avoid ADA problems.*]
 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 lawyers with the firm as they may exist from time to time, including but not limited to those set out in the firm'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*] [*partnership*] with the firm and that any violation of the terms of this agreement (including its incorporated standards) 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*] [*my expulsion from the firm*]. 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*] [*consent to my expulsion from the firm*].

Signature # 1 (at the time of intervention)

Date

Signature # 2 (upon return to work and incorporating aftercare recommendations)

Date