

Last Chance Assistance Agreement

I, _____, hereby voluntarily execute this Last Chance Assistance Agreement (Agreement) with Baldwin County in compliance with the Baldwin County Personnel Handbook (the Handbook).

I understand that, pursuant to the applicable provisions of the Handbook, my continuation as a County employee is conditioned upon my signing this Agreement, upon a drug test conducted before returning to work, upon the recommendation of the MRO and Personnel Director, and upon certification by a physician or licensed counselor that I am able to perform the essential functions of my job.

By this Agreement, I represent that I have voluntarily submitted to the Counseling and/or Rehabilitation for which I requested leave.

I acknowledge and reaffirm that I am now subject to drug testing, which may be required before I return to work from leave and at any time(s) thereafter for a period of two years. This period of drug testing shall not in any manner prevent or otherwise limit the County from the application of other drug testing policies that may be applicable now and following the subject two-year period.

I acknowledge and agree that my violation of the Agreement shall be sufficient grounds for termination.

_____/_____
Employee Signature /Date

State of Alabama)
County of Baldwin)

I, _____, a Notary Public in and for said County, in said State, hereby certify that _____, is the individual whose name is signed to the foregoing Agreement, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Agreement, he/she executed the same voluntarily and personally.

Given under my hand and official seal, this the _____ day of _____, 20 _____.

Notary Public
My Commission Expires: _____

SEAL