

American Counseling & Training, Inc.

[Insert Your Company Name]

Rehabilitation (Last Chance) Agreement

I, _____ understand that my job performance is in question and that I must work within the following terms due to an outburst of anger that I subjected a co-worker to:

- 1) From this point forward I understand that I will continue to be prompt, respectful and work well with *everyone* and continue to display a strong personal commitment to the customers I serve and my co-workers with whom I work.
- 2) I recognize that to remain in good standing I must no longer display anger towards others but discuss disagreements in a respectful attitude.
- 3) I must realize that by openly displaying anger I not only agitate myself but upset other who are observing or hearing of my behavior.
- 4) This is especially true when survivors of abuse become upset and/or unproductive and lose focus as a result of these outbursts.
- 5) If I am troubled by additional concerns that may be contributing to the anger and disagreements I have displayed, I may contact the Employee Assistance Program provider at any time.
- 6) Due to these above-mentioned concerns, I also understand that my job performance is being evaluated and as a result will accept the need for close supervision.
- 7) Worksite expectations will remain high and will not be excused, adjusted or pardoned in any way during this period of evaluation.
- 8) I will meet all conduct and job performance goals and will be held accountable if I do not.
- 9) I understand that a drug test may be requested to ensure that I am free of alcohol and other drugs.
- 10) I understand that I will be subjected to the above terms and conditions for __Six (6) __Twelve (12) months.

When these requirements have successfully been completed, a review of my job performance will be held to determine whether all conditions have been met.

Employee: _____

Date: _____

Employer: _____

Date: _____