

Appendix A

VOLUNTARY DISCLOSURE FORM

[Sample Agreement]

I, the undersigned, have come forward voluntarily and disclosed an alcohol or substance abuse problem in accordance with the Voluntary Disclosure provisions of the Drug Free Workplace Policy. I understand I am subject to the following requirements as a result of this disclosure:

- I must obtain an evaluation by either the City's Employee Assistance Program (EAP) or another licensed substance abuse rehabilitation and treatment program/provider that is agreeable to the City in order to receive a prescribed treatment program for my substance abuse problem.
- I will be placed on leave and required to use my available sick, vacation, compensatory, or other applicable leave balances and will apply for Family and Medical Leave while I obtain the required evaluation and prescribed course of treatment and until I am approved to return to work.
- I must sign an authorization for the release of information with the rehabilitation and treatment program or provider in order for the City to obtain treatment plan information, periodic updates, and compliance information throughout the course of my treatment program.
- I must sign a Return to Work Agreement once a treatment plan is established that will set forth the requirements of my continued employment with the City.
- I must submit to a return-to-duty drug and alcohol test and unannounced follow-up drug and alcohol testing to be performed by an agency designated by the City. The drug and alcohol testing requirements will be set forth in greater detail in the Return to Work Agreement.

I acknowledge that I will be terminated from my position with the City if I fail to satisfy any of the requirements herein or in the Return to Work Agreement or refuse to test, test positive, or withdraw from the EAP or other approved treatment provider and its prescribed rehabilitation program before treatment is completed.

I acknowledge that I have received a copy of the City's Drug-Free Work Environment Policy and have been advised that I may contact Human Resources with any questions I may have regarding the policy.

Name: _____
(Print)

Signature: _____

Employee Number: _____

Date: _____

Witness Signature: _____

Witness Name: _____

Witness Job Title: _____

Human Resources Director Signature: _____

Date: _____