

LSU HEALTH SCIENCE CENTER - HEALTH CARE SERVICES DIVISION
CONTINUATION OF EMPLOYMENT AGREEMENT

Employee Name

Social Security Number

In accordance with the LSUHSC-HCSD Substance Abuse and Drug-Free Workplace Policy No. _____, I, _____ voluntarily enter into the following agreement with _____ Medical Center. I understand that the agreement will be in effect for a minimum of one (1) year. At the end of that time, a decision will be made for the monitoring period to be extended or discontinued.

I understand that _____ Medical Center will allow me to continue my employment under the following conditions:

1. I agree to cooperate with the supervisor in having any necessary medical and/or psychological evaluations performed.
2. I agree to submit to periodic and/or random testing and close performance monitoring when and as often as determined by my supervisor.
3. I authorize all persons involved in evaluating or treating me to disclose to the supervisor that evaluation and any information relative to my treatment.
4. I agree to follow the directions and recommendation of my supervisor. I will participate in all required activities of any rehabilitation program and/or treatment plan that I am involved in.
5. I understand many professional licensing boards require licensed professionals to be: 1) reported who have been identified as having an alcohol and/or drug abuse problem; and 2) enrolled in a monitoring program. If applicable to my situation as a licensed professional, I understand it is in my best interest to report an alcohol and/or drug abuse problem to the appropriate professional health committee or monitoring program. Additionally, I understand that in certain instances the Medical Center's administration and/or my supervisor will be required to submit a similar report.
6. I agree to adhere to all departmental, Medical Center, LSUHSC-HCSD, and Civil Service rules and regulations which apply to me and I understand that failure to do so may result in disciplinary action up to and including termination.
7. I understand that any evidence of non-compliance with treatment guidelines, incomplete treatment, non-compliance with an aftercare program or failure to abide by any part of a Continuation of Employment Agreement between the Medical Center and me will be grounds for possible disciplinary action up to and including termination.

Employee Signature

Date

Supervisor Signature

Date

Drug Testing Coordinator

Date