**Appendix G**

**Suggested Abstinence/ Return to Work Agreement**

**Date**

**Name**

**Address**

Dear employee,

**Re: Return to work agreement**

Following our discussion on **date,** I am writing to confirm that I have been advised by Occupational Health that you are now ready to commence a phased return to normal duties. It is proposed that you should return to work:

* On **date**
* As **job title**
* And in line with the following agreement which will remain in force until **date**

You should not drink alcohol at a level that is likely to interfere with your health or performance at work.

To keep all regular medical appointments and comply with any treatment regimens and / or care programs as recommended. Managers will ensure that there is a discussion about appropriate support arrangement to provide support to the employee. [Managers should give consideration to the nature of the support, which is required, how are appointments facilitated for shift workers etc and to encourage employees to remain at work, to offer support via Occupational Health and PAM]

To meet with Occupational Health as agreed for them to review your progress and report back to management regarding your work capability.

To undergo periodic and/ or ‘for cause’ alcohol screening Abbott Toxicology testing agency. This screening may be unannounced and will take place at a building which is used by the Trust during a normal working day.

This agreement will remain in place for X months.

Before the end date for this agreement, I will meet with you to review your progress and may decide to extend the period of this agreement. If so, I will notify you in writing and provide you with the reasons for my decision.

Please note that any failure to comply with any of this agreement will result in disciplinary action unless proven otherwise.

This agreement will be reviewed on a three-monthly basis.

Two copies of this agreement are enclosed, and I would be grateful if you could sign one copy and return it to me by **date** to confirm your acceptance.

Signed by:

Employee…………………………..Date

Manager……………………………Date