

I understand that my reinstatement to employment by the Church is conditional and subject to my satisfactorily fulfilling the following terms:

1. I will contact the drug referral center \_\_\_\_\_ (center name),  
my personal physician, or a specialist of my choice for an  
evaluation at my expense and receive a written alcohol or  
other drug evaluation.
2. I will receive a physician's release to return to work or request  
a leave of absence for treatment. I understand regular medical  
or leave of absence policies will be followed.
3. Following reinstatement, I agree to submit to a screen test for  
alcohol or other drug use on a periodic or random basis. If  
these tests show the presence of alcohol or other drugs not  
prescribed by a licensed physician, I understand that I shall
- be terminated immediately.
4. I understand that on my return to employment, I am required  
to meet all established standards of conduct and job  
performance.
5. I understand that my failure to meet any of the above  
requirements will result in my immediate termination.
6. I understand that nothing contained herein shall be construed  
as a waiver of the Church's right to take normal employment  
disciplinary actions against me under existing policies  
and procedures for unsatisfactory work performance or  
misconduct. My use or treatment for using alcohol or other  
drugs shall not constitute a mitigating circumstance.

Employee name (please print)	Employee ID number
Employee signature	Date
Notary public	Commission expiration date