

ATTACHMENT B

Return to Work Written Agreement – Impairment/HPRP

The purpose of this letter is to inform you that we have decided to accommodate your return to work in the University of Michigan Health System (UMHS) effective _____. We fully support your dedication to maintaining your recovery and your commitment to the provisions outlined below.

1. You will comply with all the terms and conditions of the Michigan Health Professional Recovery Program (HPRP). If you are found to be non-compliant with that HPRP agreement at any time, you may be immediately suspended and may face corrective action up to and including discharge.
2. You will abstain from alcohol, mood-altering substances, or controlled substances, except medications as prescribed by _____. If you are found to be in violation at any time, you may be immediately suspended and may face corrective action up to and including discharge.
3. You will continue to be monitored by a random drug screens process throughout your HPRP Monitoring Agreement. Non-compliance or a positive screen (as interpreted by a qualified physician) may result in your immediate suspension and may face corrective action up to and including discharge.
4. In addition to the HPRP monitoring, your on-site monitor, _____, or the UMHS Employee Assistance Program (EAP) or their designee(s) will have the ability to request a urine and/or blood drug screen at any time. Non-compliance or a positive screen (as interpreted by a qualified physician) will result in your immediate suspension as per the MOU and may face corrective action up to and including discharge.
5. You must provide the EAP with the necessary authorization releases to allow for contact with your medical and counseling records, your clinical team, and HPRP. If any of your treating physicians find you are not chemically free or are unable, for any reason, to practice with reasonable safety, they will notify _____, your HPRP consultant, and the EAP immediately.
6. Your progress will be monitored on a monthly basis by your work site monitor (nurse manager) _____ and the EAP. You must provide documentation that you are continuing to fulfill the terms of your treatment monitoring agreement with HPRP, and continuing treatment. Please include written verification of attendance at three weekly 12-Step meetings, including at least one Caduceus meeting per month.
7. You will inform you worksite monitor and the EAP of any changes in your HPRP contract including, but not limited to, medication changes, excusing of random urine screens and revised work hours and restrictions.
8. The terms and conditions of this letter will remain in effect for the duration of the HPRP contract.
9. If you are discharged for violating this agreement and its conditions, there shall be no convening of a Disciplinary Review Conference or recourse to the dispute and arbitration provisions of the collective bargaining agreement, except for the purpose of disputing whether a violation occurred.

While we look forward to your contributions to the UMHS, the highest standards of patient care and safety are our utmost concern. We are confident that you will be successful. However, you must understand we adhere to a “zero tolerance” policy. Failure to comply with all the above conditions may result in your immediate suspension and corrective action up to and including discharge.

EAP Date

Employee Date

Manager Date

UMPNC/MNA Representative Date