



Re: Supervision for Certification

Dear \_\_\_\_\_:

Chestnut Health Systems (“Chestnut”) is pleased to offer you the supervision you require to earn the Certified Alcohol and Drug Counselor (“CADC”) certification you are working to achieve. By signing below, you agree (a) to not voluntarily terminate or resign from your position for an amount of time after you achieve your CADC certification equal to the number of months Chestnut provided you with the above-referenced supervision (the “Time Commitment”), and (b) that if you do not fulfill the Time Commitment, you will be required to pay to Chestnut One Hundred Dollars (\$100.00) for each month, or fraction thereof, remaining of the Time Commitment. This amount is reflective of the approximate value of weekly supervision provided to you by Chestnut. Further, you acknowledge that Chestnut may recoup this amount by deducting it from your final paycheck and your signature below will serve as your consent to same.

We thank you for your commitment to the patients and clients we serve and for your contributions toward achieving our mission of “Making a Difference: Improving Quality of Life Through Excellence in Service”.

Sincerely,

Signature of Supervisor: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Title of Supervisor: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

**CADC Supervision Commitment Letter**

**NOTE TO SUPERVISOR: Return fully-executed letter to the Human Resources Department for placement in employee’s personnel file**