

SAMPLE LETTER
ALCOHOL DISMISSAL LETTER
CLASSIFIED EMPLOYEE

Date

Employee's Name
Address
City/State/Zip

Dear _____:

On (INSERT DATE) you were notified that you must report for an alcohol test.

(CHOOSE ONLY ONE OF THE FOLLOWING STATEMENTS):

The results of that alcohol test indicated the presence of .02 percent or greater of alcohol.

OR

You refused the alcohol test.

Therefore, in accordance with State Personnel Board Rule 21, you are being dismissed from employment as a (INSERT JOB TITLE) with the Georgia Department of Corrections effective (INSERT DATE).

If you believe this separation is in violation of State Personnel Board Rules and Regulations, you may file an appeal in writing to the Office of State Administrative Hearings at the following address within ten (10) days of receipt of this letter.

Office of State Administrative Hearings
225 Peachtree Street, NW, #400
Atlanta, Georgia 30303

Sincerely,

Name of Appointing Authority
Title

cc: Director, Human Resources
CHRM Adverse Action Coordinator
CHRM Drug Testing Coordinator