

**SAMPLE LETTER
ALCOHOL DISMISSAL
UNCLASSIFIED EMPLOYEE**

Date

Employee's Name
Address
City/State/Zip Code

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, you are being dismissed from employment as a _____ (INSERT JOB TITLE) with the Georgia Department of Corrections effective (INSERT DATE).

You may request a review of this dismissal by responding, in writing, within five (5) business days of the receipt of this letter to:

Commissioner's Designee for Adverse Action
State Office South – Tift Campus
P. O. Box 1529
Forsyth, Georgia 31029
Phone: 478-992-5211
Fax: 478-992-5178

Sincerely,

Name of Appointing Authority
Title

cc: Director, Human Resources
Commissioner's Designee for Adverse Action
CHRM Adverse Action Coordinator
CHRM Drug Testing Coordinator