

**SAMPLE LETTER
DRUG DISMISSAL
UNCLASSIFIED EMPLOYEE**

Date

Employee's Name
Address
City/State/Zip

Dear _____:

On (ININSERT DATE) you were notified that you must report for a drug test.

(CHOOSE ONLY ONE OF THE FOLLOWING STATEMENTS):

Based on the results of that drug test, the Medical Review Officer has:

Determined that you illegally used the drug (ININSERT THE DRUG NAME)

OR

You refused to report for the drug test.

Therefore, you are being dismissed from employment as a (ININSERT JOB TITLE) with the Georgia Department of Corrections effective (ININSERT DATE) . In addition, as a result of this action you are disqualified from consideration for future employment with the State of Georgia for a minimum period of two (2) years from the effective date of this action.

NOTE: The Appointing Authority will determine what action to take on a Non-P.O.S.T. certified employee. The employee will be subject to a disciplinary action, up to and including dismissal.

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

Retention Schedule: Upon completion, this form shall be retained permanently in the employee's official and local personnel files.