

**SAMPLE LETTER
DRUG DISMISSAL
CLASSIFIED 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, in accordance with State Personnel Board Rule 21, 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.

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 calendar (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

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