

SAMPLE LETTER
Withdrawal of Employment Offer Due to
Positive Pre-Employment Drug Test
(Unclassified)

Date

Selectee's Name
Address
City, State, Zip Code

Dear [Name of Selectee]:

On _____ **(INSERT THE DATE APPLICANT WAS OFFERED EMPLOYMENT)** _____, you were offered the position of _____ **(INSERT TITLE OF POSITION OFFERED)** _____ at _____ **(INSERT THE NAME OF FACILITY)** _____. This employment offer was contingent upon passing a drug test.

Based on the results of that drug test, the Medical Review Officer has determined that you tested positive for the drug _____ **(INSERT THE NAME OF THE DRUG)** _____. Therefore, the offer of employment at _____ **(INSERT THE NAME OF FACILITY)** _____ has been withdrawn.

In addition, you are disqualified from employment with the State of Georgia for a period of two years. This decision is final and there is no right to an appeal or a review.

Sincerely,

[Signature]
[Name and Title of Appointing Authority]

CC: CHRM Drug Test Coordinator

Retention Schedule: Upon completion, this form shall be retained for two (2) calendar years in the Interview/Selection File.