

MEMORANDUM

TO: Employee Name and SSN

FROM: Appointing Authority Name/Title

SUBJECT: **DRUG TEST AWARENESS STATEMENT/NOTIFICATION
(PRE-EMPLOYMENT)**

DATE: Date Being Issued

Your employment, in the position offered, is contingent upon passing a drug test.

The initial drug test will be administered on-site. If this test confirms a negative result, the pre-employment drug test procedure is complete. If the on-site drug test cannot confirm a negative result, you will be required to report to a urine collection and drug-testing site no later than (MONTH, DATE AND YEAR HERE) to provide the necessary urine sample. You must take a picture ID and the Custody and Control Form with you when you report to the site. We will provide you with this form. Upon being tested, you will return copies 1 & 2 of the Custody and Control form to your local HR office, preferably immediately, but no later than two business days after testing. Copy 3 will be for your personal records.

If you test "positive", expressly refuse to take the drug test, fail to appear for this test, or fail to produce a sufficient urine sample by the specified deadline, this employment offer will be withdrawn. If you are a current State of Georgia employee, your current agency will be contacted with the positive result by Correction Human Resource Management (CHRM). If you are a GDC employee, a positive test result may end in dismissal.

_____	_____	_____
Print Employee Name	Employee ID (if applicable)	Employee SSN#
_____	_____	
Employee Signature	Date	