



**GEORGIA DEPARTMENT OF CORRECTIONS**  
**CORRECTIONS HUMAN RESOURCES MANAGEMENT**  
**P.O. Box 1529**  
**Forsyth, Georgia 31029**  
**478-992-5211**  
**FAX 478-992-5207**



Brian Kemp  
Governor

Timothy C. Ward  
Commissioner

**WITHDRAWAL OF EMPLOYMENT - APPLICANT**  
**MEDICAL AND PHYSICAL EXAMINATION**

(Date)

Applicant Name/SSN  
Address  
City, State, Zip Code

Dear (INSERT APPLICANT NAME):

On (INSERT THE DATE APPLICANT WAS OFFERED EMPLOYMENT), you were offered the position of (INSERT TITLE OF POSITION OFFERED) at INSERT THE NAME OF THE SITE. This employment offer was contingent upon passing Medical and Physical Examination Program.

Based on the results of your physical examination, it has been determined that your offer of employment will be rescinded for failure to meet the pre-employment physical guidelines based on the requirements of the Medical and Physical Examination Program.

If you feel this is in violation of the Rules of State Personnel Board, Section 478-4-.06, you may file an appeal in writing to the Director, Human Resources within fifteen (15) calendar days of the date of the notification of denial.

Director, Human Resources  
P. O. Box 1529  
Forsyth, Georgia 31029  
(478) 992-5211

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature  
(Acknowledges receipt of letter only)

\_\_\_\_\_  
Date

cc: Director, Human Resources