

SAMPLE LETTER
Alcohol/Drug Suspension with Pay
Classified/Unclassified

Date

Employee Name
Address
City/State/Zip

Dear _____:

This is to inform you that you have been placed on:

(CHOOSE ONE OF THE FOLLOWING STATEMENTS)

Suspension with Pay effective: (ENTER MONTH, DAY, AND YEAR HERE) pending receipt of official notification of drug test results.

OR

Suspension with Pay effective: (ENTER MONTH, DAY, AND YEAR HERE) pending disciplinary action as a result of alcohol test results or refusal to test.

While you are in Suspension status, you will not enter into the working area of (ENTER FACILITY/CENTER/OFFICE) or any other Georgia Department of Corrections Facility. Between the hours of 8:00 a.m. through 4:30 p.m., Monday through Friday, you will remain either at a telephone where you can be contacted or at your place of residence. Every day, Monday through Friday, between the hours of (ENTER HOURS HERE) you will contact (ENTER NAME AND TITLE OF PERSON(S) TO BE CONTACTED) by telephone at (ENTER TELEPHONE NUMBER HERE). Your failure to comply strictly with the above-described provisions will be considered separate justification for adverse action.

Appointing Authority

Date

Employee Signature

Date

cc: Director, Human Resources
CHRM Adverse Action Coordinator
CHRM Drug Testing Coordinator

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