MEMORANDUM

TO:	Employee Name and SSN			
FROM:	Appointing Authority Name/Title			
SUBJECT:	DRUG TEST AWARENESS STATEMENT/NOTIFICATION (PRE-EMPLOYMENT)			
DATE:	Date Being Issued			
Your employme	ent, in the position offe	red, is contingent upon pa	ssing a drug te	est.
drug test proced	dure is complete. If the		confirm a nega	ve result, the pre-employmentive result, Human Resource
sufficient urine current State o Corrections Hu	sample by the specific of Georgia employee, man Resources Manag	ed deadline, this employn your current agency will	ment offer will be contacted are a GDC en	this test, or fail to produce at l be withdrawn. If you are at l with the positive result by imployee, a positive test result
Print Employee	Name	Employee ID (if applicable)	ble)	Employee SSN#
Employee Signa	ature	Date		