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

Date	
Selectee's Name Address	
City, State, Zip Co	de
Dear [Name of Sel	ectee]:
	RT THE DATE APPLICANT WAS OFFERED EMPLOYMENT) , you were offere
	(INSERT TITLE OF POSITION OFFERED) at (INSERT THE NAME O
FACILITY_	This employment offer was contingent upon passing a drug tes
	ts of that drug test, the Medical Review Officer has determined that you tested (INSERT THE NAME OF THE DRUG)
Therefore, the offe withdrawn.	r of employment at (INSERT THE NAME OF FACILITY) has been have been been been been been been been be
-	re <u>disqualified</u> from employment with the State of Georgia for a period of two is <u>final</u> and there is no right to an appeal or a review.
	Sincerely,
	[Signature] [Name and Title of Appointing Authority]
CC: CHRM	Drug Test Coordinator
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