SAMPLE LETTER

Withdrawal of Employment Offer For Refusal to Test/Failure to Remain or Appear For Pre-Employment Drug Test

Date
Selectee's Name Address City, State, Zip Code
Dear [Name of Selectee]:
On
• You were notified on (INSERT THE DATE) that an on-site drug test would be immediately administered and you failed to remain for the on-site test.
• On (INSERT THE DATE), you refused to submit to a drug test.
• You were to report to a collection site no later than the close of business on (INSERT THE
Your name was listed as having a prior drug test result
Therefore, the offer of employment at(INSERT NAME OF FACILITY) has been withdrawn.
Sincerely,
[Signature] [Name and Title of Appointing Authority]
CC: CHRM Drug Test Coordinator

Retention Schedule: Upon completion, this form shall be retained for two (2) calendar years in the Interview/Selection File.