

LETTER OF NOTIFICATION OF SELECTION FOR RANDOM TESTING

Date Selected: _____

Name: _____

ID#: _____

In accordance with employer policy you have been randomly selected for drug and/or alcohol testing.

You are to be tested for:

(Employer please mark test(s) to be performed)

DRUGS

ALCOHOL

Upon receipt of this Letter of Notification, you are to obtain instructions and appropriate collection documentation for testing from your employer and immediately proceed to the test site. You will also be required to produce positive personal identification upon request by the Collector.

Collection is to be completed no later than _____
LATEST DATE/TIME ALLOWED FOR TESTING

Failure to comply with the requirements of this Letter of Notification on a timely basis may be regarded as a refusal to test and treated the same as a positive test result for disciplinary purposes.

This is to acknowledge my receipt and understanding of the requirements imposed by this Letter of Notification regarding my selection for random drug and/or alcohol testing.

Employee's Signature

Date Notice Given

Time Notice Given

NOTE: The Letter of Notification should be given to the selectee and a signed copy retained by the employer.