

SAMPLE - REASONABLE SUSPICION DRUG TEST LETTER

To: [Supervisor of Employee Identified for Reasonable Suspicion Drug Test]

From: [Name]
Agency Drug Testing Liaison

Subject: Reasonable Suspicion Drug Test

I am the Agency Drug Testing Liaison (ADTL) for FSIS' Drug-Free Workplace Program. The program requires reasonable suspicion drug testing for employees for which there is reasonable suspicion of illegal drug use. [EMPLOYEE'S NAME], [EMPLOYEE'S TITLE], has been is identified for a drug test. The reasonable suspicion drug test is scheduled for [DATE/TIME].

The Supervisory Checklist and this letter contain the collection site name, address, and telephone number where the employee reports. Employee Checklist for [EMPLOYEE'S NAME] is also attached.

Ensure that the notification time does not exceed the 2 hour notification restriction. Set a time for the release of the employee that allows reasonable travel time to meet the appointment.

Do not hesitate to contact me if you have any questions or concerns relative to the Drug-Free Workplace Program.

Thank you for your cooperation in this matter.

Reporting time: [Time] am/pm

Location [Site Name]
 [Address]
 [City State Zip]

Telephone: [Telephone number]

Attachments:
Checklist for
Employees Checklist
for Supervisors