

NOTICE OF FAILED DRUG TEST

To: _____

Employee Name: _____

Employee ID / Number: _____

Subject: Notification of Failed Drug Test

This letter serves as formal notice that you have failed the required drug test conducted as part of your employment conditions with [Company Name]. This failure constitutes a violation of company policy and applicable federal regulations.

According to the company's Substance Abuse Policy and the Department of Transportation (DOT) regulations, employees are prohibited from reporting to work or performing safety-sensitive functions while under the influence of drugs or alcohol.

Details of the Drug Test:

Date of Test: _____

Type of Test: _____

Substance(s) Detected: _____

Consequences and Next Steps:

As a result of the positive test result, you are subject to disciplinary action, which may include suspension, mandatory participation in a rehabilitation program, or termination of employment. You have the right to request a retest of the original specimen at your own expense within 72 hours of receiving this notice.

All information related to drug and alcohol testing is confidential and will be handled in accordance with applicable privacy laws and company policy.

Employee Rights and Appeals:

You have the right to review the test results and the methods used. If you believe there has been an error or mishandling of your sample, you may submit a written appeal to the Human Resources Department within five (5) business days.

This notice complies with all applicable federal and state laws, including but not limited to the Drug-Free Workplace Act and DOT regulations. Your cooperation is expected to ensure a safe and productive work environment.

Acknowledgment of Receipt:

I acknowledge that I have received and read this Notice of Failed Drug Test.

I understand the contents and implications of this notice.

Employee Signature

Employer Representative Signature

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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