

(Office Letterhead)

Date

Occupational Health Programs  
Chief Executive Office  
3333 Wilshire Blvd., Suite 1000  
Los Angeles, CA 90010  
Phone: 213-738-2177 Fax: 213-637-0822

To Whom It May Concern:

**NOTICE TO OHP OF REASONABLE SUSPICION DRUG AND ALCOHOL TESTING**

The (Name of Department) has reasonable suspicion the employee named below is under the influence of drugs/alcohol while on duty or reporting for duty. The Department's observations suggest the employee's ability to perform his or her duties competently and safely is impaired. Therefore, the Department is ordering the employee to undergo drug and alcohol testing.

Employee Information:

Name: \_\_\_\_\_, \_\_\_\_\_  
*Last First M.I.*

Position: \_\_\_\_\_

Work Location: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Testing: \_\_\_\_\_

Contracted Collection Clinic: \_\_\_\_\_

Should you need more information, please contact the following staff person:

\_\_\_\_\_ at ( ) \_\_\_\_\_  
*Printed Name Phone*

Sincerely,

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Unit*