

(Office Letterhead)

Date

Department of Human Resources
Occupational Health Programs
510 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
Phone: (213) 433-7201 - Email: ohp@hr.lacounty.gov

To Whom It May Concern:

NOTICE TO OHP OF REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

The (Name of Department) has reasonable suspicion that 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#: _____

Contracted Collection Clinic: _____

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

_____ at (_____) _____
Printed Name Phone

Sincerely,

Signature

Unit