



Work Comp Associates, Inc.

Florida's Premier Source for Workers' Compensation Coverage & Information

Employer's First Letter to Applicant/Employee

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Instructions:

Complete the letter as follows, in order from top down:

1. "Dear _____": write in "Employee" or "Applicant".
2. "you are _____": write in one of the following actions:
 - being denied employment
 - being terminated from employment
 - being denied workers' compensation benefits
 - being disciplined as follows
3. Testing laboratory

This form is provided courtesy of Work Comp Associates, Inc.

THIS IS A SAMPLE ONLY. EMPLOYERS SHOULD CONFER WITH LEGAL COUNSEL BEFORE USING.

**EMPLOYER'S FIRST LETTER TO APPLICANT/EMPLOYEE UPON RECEIPT OF CONFIRMED
POSITIVE TEST RESULT***

Date _____

Dear _____:

Pursuant to the Drug-Free Workplace procedures of *employer* and its drug testing procedures, it has been determined that you have a positive confirmed drug test result. As a consequence of this positive drug test, you are _____. [440.102(5)(h)]

Enclosed is a copy of the statement that you originally signed which explained your rights in detail. However, we would like to again reiterate your rights, duties, and obligations under this company's drug-free workplace program. You have the right to contest or explain the result of the test within five (5) working days after you receive this letter notifying you of the test results. The explanation should state why the test results do not constitute a violation of this company's drug-free workplace policy. [440.102(5)(i)]

You also may have the right to appeal to the Public Employee Relations Commission or appropriate court regarding any applicable collective bargaining agreement or contract

If you intend to contest or explain the results of the drug test, you must notify the testing laboratory of any administrative or civil action brought and advise the laboratory of the need to retain any sample taken. The name, address and telephone number of the testing laboratory is as follows:

You have the right to consult this testing laboratory for technical information regarding prescription and non-prescription medications or other relevant information. You have the right to a copy of the drug test results upon request [440.102(5)(h)] and to have a portion of any sample or specimen taken to be retested, at your expense, at a laboratory of your choice. The retesting must be done at an HRS- or Agency for Health Care Administration (AHCA)- licensed or NIDA approved laboratory. This testing must be performed within 180 days after receipt of this letter. The second laboratory test must test at equal or greater sensitivity for the drug in question as the first laboratory. The first laboratory which performed the test shall be responsible for the transfer of the portion of the specimen to be retested, and for the integrity

* Source: 2007 Workers' Compensation Desk Manual by James N. McConnaughy.

of the chain of custody during such transfer. If you intend to have the specimen sample retested, please advise so that the sample can be forwarded to the laboratory of your choice.

By administrative rule, this employer has 15 days to respond to your explanation of why your positive drug test is not in violation of the drug-free workplace program. If your explanation is not accepted, you have the right to administratively challenge this position by filing a claim with a Judge of Compensation Claims within thirty days after receipt of this employers' response to your explanation. If you intend to challenge the drug test, it is your responsibility to notify the above stated laboratory at the address and telephone number shown to ensure that the specimen sample is retained.