

*This Notice can be Used For a Job Applicant Who Tested  
Positive on a Confirmatory Test*

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[Date]

[Applicant Name & Address]

RE: Notice of Positive Test Result on Confirmatory Drug and Alcohol Test

Dear [job applicant]:

Thank you for your cooperation and participation in XXXX's drug and alcohol testing procedures.

I regret to inform you that both your initial screening test and your confirmatory test results were positive. You have the right to request and receive from the Company a copy of your test result report. Should you wish to receive this report, please contact (XXXX's DER), between 9:00 a.m. and 5:00 p.m., Monday through Friday.

If you want another laboratory to conduct the confirmatory retest, please specify the licensed laboratory which you have selected. Within three working days of this notice, you may submit information to the Medical Review Officer to explain the positive test result. The Medical Review Officer is a doctor with Minnesota Occupational Health, whose telephone number is 651-968-5161, and address is 1661 St. Anthony Ave. You have the right to indicate any over-the-counter or prescription medication that you are currently taking, or have recently taken, and you may provide any other information relevant to the reliability of, or explanation for, the positive test result.

You may also request that the original sample tested be submitted to a confirmatory retest at your own expense. The confirmatory retest must use the same drug and alcohol threshold detection levels as used in the original confirmatory test. If you intend to obtain a confirmatory retest, you must notify the Company in writing of your intent within five working days of your receipt of this notice. The notice of intent must be directed to (XXXX's DER) at XXXX.

If you request a confirmatory retest, then within three working days of receipt of your notice, the Company will notify the original testing laboratory that you have requested the laboratory to conduct the confirmatory retest or to transfer the sample to another laboratory, licensed to do such testing, to conduct the confirmatory retest. If the latter, the original testing laboratory will ensure that required chain-of-custody procedures are followed during transfer of the sample to the other laboratory. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action will be taken based on the original confirmatory test.

As you know, your job offer was made contingent upon your passing a drug and alcohol test. The Company may not withdraw this offer based on a positive test result from an initial

screening test that has not been verified by a confirmatory test. However, the positive test result from your initial screening test has been verified by a confirmatory test. Because of the positive test result, the offer is hereby withdrawn. If a confirmatory retest is done and it does not confirm the positive test result, your job offer will be re-extended.

If you wish to appeal the withdrawal of your job offer, you may do so within three working days of receiving the letter by delivering a written statement to (XXXX's DER) at XXXX, setting forth the basis for your appeal.

Sincerely,

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*This Notice Can be Used For a Current Employee Who Tested Positive on a Confirmatory Test and it is the First Time He/She Has Tested Positive on a Company Drug or Alcohol Test*

[Date]

[Employee Name & Address]

RE: *Notice of Positive Test Result on Confirmatory Drug and Alcohol Test*

Dear [Employee]:

Thank you for your cooperation and participation in XXXX's drug and alcohol testing procedures.

I regret to inform you that both your initial screening test and your confirmatory test results were positive. You have the right to request and receive from the Company a copy of your test result report. Should you wish to receive this report, please contact (XXXX's DER) between 9:00 a.m. and 5:00 p.m., Monday through Friday. You also have the right to have access to information in your personnel file relating to positive test result reports, to other information acquired in the drug and alcohol testing process, and to conclusions drawn from and actions taken based on the reports or other acquired information. Should you wish to receive this information, please contact \_\_\_\_\_.

Within three working days of this notice, you may submit information to the Medical Review Officer to explain the positive test result. The Medical Review Officer is a doctor with Minnesota Occupational Health, whose telephone number is 651-842-5161, and address is 1661 St. Anthony Avenue. You have the right to indicate any over-the-counter or prescription medication that you are currently taking, or have recently taken, and you may provide any other information relevant to the reliability of, or explanation for, the positive test result. The Company will not discharge, discipline, discriminate against, or request or require that you undergo rehabilitation on the basis of any medical history information that you disclose, unless you were under an affirmative duty to provide the information before, upon, or after hire.

You may also request that the original sample tested be submitted to a confirmatory retest at your own expense. The confirmatory retest must use the same drug and alcohol threshold detection levels as used in the original confirmatory test. If you intend to obtain a confirmatory retest, you must notify the Company in writing of your intent within five working days of your receipt of this notice. The notice of intent must be directed to (XXXX's DER) at XXXX. Please specify in the notice whether the original testing laboratory should conduct the confirmatory retest, or whether you desire another laboratory to do so. If you want another laboratory to conduct the confirmatory retest, please specify the licensed laboratory which you have selected.

If you request a confirmatory retest, then within three working days after receipt of your notice, the Company will notify the original testing laboratory that you have requested the laboratory to conduct the confirmatory retest or to transfer the sample to another laboratory

licensed to do such testing to conduct the confirmatory retest. If the latter, the original testing laboratory will ensure that required chain-of-custody procedures are followed during transfer of the sample to the other laboratory. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action will be taken based on the original confirmatory test.

The Company reserves the right to temporarily suspend or transfer you to another position at the same rate of pay pending the outcome of the confirmatory retest if the Company believes that doing so is reasonably necessary to protect your health or safety or the health or safety of co employees or the public. If you are suspended without pay, you will be reinstated with back pay if the confirmatory retest is negative.

The Company will not discharge an employee for whom a positive test result on a confirmatory test was the first such result for the employee on a drug or alcohol test requested by the Company unless the following conditions have been met:

- a. the Company has first given the employee an opportunity to participate in, at the employee's own expense or pursuant to coverage under an employee benefit plan, either a drug or alcohol counseling or rehabilitation program, whichever is more appropriate, as determined by the Company after consultation with a certified chemical use counselor or a physician trained in the diagnosis and treatment of chemical dependency; and
- b. the employee has either refused to participate in the counseling or rehabilitation program or has failed to successfully complete the program, as evidenced by withdrawal from the program before its completion or by a positive test result on a confirmatory test after completion of the program.

Because this is your first positive result on a drug or alcohol test requested by the Company, you are being given the opportunity to participate in either a drug or alcohol counseling or rehabilitation program at your own expense or pursuant to coverage under an employee benefit plan. Please contact (XXXX's DER) for further information.

If you wish to appeal this determination, you may do so within three working days of receiving this letter by delivering a written statement to (XXXX's DER) at XXXX setting forth the basis for your appeal.

Sincerely,

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