



TEMPLATE NOTICE LETTER TO OHP

(To be provided on Official Departmental Letterhead)

Date

Occupational Health Programs
Department of Human Resources
Attn: Reasonable Suspicion Testing Unit

Sent via email to ohp@hr.lacounty.gov

CONFIDENTIAL NOTICE TO DHR/OHP

COUNTYWIDE REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

Based on direct observation, The Department (Name of Department) has reasonable suspicion that the employee named below is under the influence of drugs and/or alcohol while on duty or when reporting to duty and their ability to perform their duties is impaired. Therefore, the Department is ordering the employee to undergo reasonable suspicion drug and alcohol testing.

Employee Name (last, first, middle initial)	
Employee ID	e-
Employee's Job Title / Classification	
Employee's Assigned Work Location at the time impairment was observed	
Testing Site Used for Specimen Collection	

Should you need additional information regarding this notice, please contact the following individual:

Printed Name of Departmental Representative	
Signature of Departmental Representative	
Email Address	
Phone Number	