**Positive Non-DOT Alcohol, Drug, or Cannabis Test Result Notice, LMC Model Form**

*Helpful background information on this model may be found in* [*Drug and Alcohol Testing Toolkit for the City Workplace.*](https://www.lmc.org/resources/drug-and-alcohol-testing-toolkit-for-the-city-workplace/)

**City of** **\_\_\_\_\_\_\_**

**Positive Test Results Notification Form**

To: **\_\_\_\_\_\_\_**

From: **\_\_\_\_\_\_\_** *[City Representative]*

 **\_\_\_\_\_\_\_** *[Title]*

 City of **\_\_\_\_\_\_\_**

Date: **\_\_\_\_\_\_\_**

RE: Non-DOT**\_\_\_\_\_\_\_** [*List test type here: i.e., job applicant, routine physical examination, random selection, reasonable suspicion, or treatment program]* \_\_\_\_\_\_\_ [*Insert: Drug testing Cannabis testing or Alcohol testing]* ***POSITIVE*** result

This notice is to inform you that your Non-DOT \_\_\_\_\_\_\_ [*list test type: i.e., alcohol or cannabis or drug*] test taken on \_\_\_\_\_\_\_ *[date],* was confirmed positive for \_\_\_\_\_\_\_ [*name of substance]*. Under City policy, you have the right to request and receive from us a copy of the test result report with respect to the above test. If you wish to receive a copy, please notify me in writing.

Consistent with City policy and Minnesota law, you may submit information to the City to explain the positive test result within three (3) working days of the date of this notice. Your explanation (if you choose to provide one) is due by 4:30 p.m. on \_\_\_\_\_\_\_ *[insert a date three working days from the date of this notice]* and must be provided to \_\_\_\_\_\_\_ [*e.g. HR or City Manager]*. You may choose to identify any over-the-counter or prescription medication that you are currently taking or have recently taken, and any other information relevant to the reliability of, or explanation for, a positive test result.

You have a right to have a confirmatory retest of your original sample. If you wish to do so, you must submit a written request within five (5) working days of this notice. Your written request (if you choose to submit one) is due by 4:30 p.m. on \_\_\_\_\_\_\_ *[insert a date five working days from the date of this notice]* and must be provided to\_\_\_\_\_\_\_ *[e.g. HR or City Manager]*.

All expenses related to this confirmatory retest of your original sample specimen will be conducted at your own expense.

If we receive a written request for a confirmatory retest of your original sample prior to 4:30 p.m. on \_\_\_\_\_\_\_ *[insert a date five working days from the date of this notice],* the City will notify the original testing laboratory within three (3) working days of receipt of your request that you have requested the laboratory to conduct the confirmatory retest or transfer the sample to another qualified laboratory licensed to conduct the confirmatory retest. The original testing laboratory will ensure the control and custody procedures are followed during transfer of the sample to the other laboratory. The confirmatory retest will use the same drug, cannabis, and/or alcohol threshold detection levels as used in the original confirmatory test.

Because your position requires you to safely operate a \_\_\_\_\_\_\_ *[insert description of safety concern, e.g. vehicle/heavy equipment]*, and to protect the health and safety of yourself, your co-workers, and the public, effective today, you are temporarily suspended \_\_\_\_\_\_\_ *[insert with or without]* pay. The City will make appropriate transportation arrangements for you to your residence today.

In the event you request a confirmatory retest and the results do not confirm the original positive test result, no adverse personnel action based on the first confirmatory test will be taken against you, you will be reinstated with any lost wages or salary for time lost pending the outcome of the confirmatory retest result, and the city will reimburse you for the actual cost of the confirmatory retest.

If you have any question, please contact me at \_\_\_\_\_\_\_ *[insert phone number].*