

NOTICE

TO: _____
(Employee Name)

FROM: _____
(Company Name)

It is the policy of this employer to provide a safe work environment for all of its employees. Accordingly, the following procedures are now in place:

- * All employees who report an on-the-job accident will be drug tested.
- * In the event of a positive drug screen, the employee may face a loss of workers' compensation benefits and/or be terminated.
- * If an employee refuses to submit to a drug test following an on-the-job accident, he or she will face the same possible loss of workers' compensation benefits and/or termination.
- * All _____ (Company Name) employees are subject to random drug testing.

EMPLOYEE SIGNATURE

DATE