[Date]

To: [Employer Name / Company Name]
Attention: [Designated Employer Representative (DER) Name]
Address: [Company Address]

Subject: RETURN TO DUTY CLEARANCE - DOT SAFETY-SENSITIVE POSITION

Employee Name: [Employee Full Name]
Employee ID/License Number: [ID Number]
Date of Birth: [DOB]

Dear [Name of Contact],

This letter serves as formal notification that [Employee Name] has successfully completed the required evaluation and clinical treatment/education process mandated by the Department of Transportation (DOT) following a violation of drug and alcohol regulations.

As the Substance Abuse Professional (SAP) assigned to this case, I have determined that the above-named individual has demonstrated successful compliance with my initial treatment and/or education recommendations. In accordance with 49 CFR Part 40, I am providing this Return-to-Duty (RTD) clearance.

Authorization Status:
The employee is eligible to undergo a DOT-mandated Return-to-Duty drug and/or alcohol test. This individual may return to safety-sensitive duties only after receiving a confirmed negative test result.

Follow-Up Testing Plan:
A confidential follow-up testing schedule has been established and will be provided to the Designated Employer Representative (DER) under separate cover. The employer is responsible for ensuring these unannounced tests are conducted as prescribed.

If you have any questions regarding this clearance or the ongoing requirements for this employee, please contact me directly at [Phone Number].

Sincerely,

[SAP Signature]
[SAP Printed Name]
[Qualification/Credential]
[Phone Number]
[Email Address]