YOUTH SERVICES

ANNUAL EMPLOYEE TUBERCULOSIS TEST NOTIFICATION

	UNIT			
DATE:				
TO:				
FROM				
	(Facility Director / Regional Manager / Ur	idersecretary)		
RE:	NOTIFICATION OF ANNUAL EMPLOYEE T	B TEST		
on the	eall serve as your official notification of YS anniversary of your hire date with the int to YS Policy No. A.2.67 "Management	Office of Juve	nile Justice on (fill in hire da	
Center You m for the action.	e to report to the secure care facility infice (CBS/CO) within seven (7) days of receipust ensure that you return to the facility is reading and diagnosis of the PPD skin to Failure to participate in the annual TB tance with YS Policy No. A.2.1 (b) "Employ	pt of this noti nfirmary/OHC est. Failure to testing may al	fication for your annual TB to within three (3) days of the to do so may result in disciplin	est. est ary
Under	have any questions, please contact secretary. Thank you in advance for your Office of Juvenile Justice.	-		-
Emplo	yee Signature	Date	Time	

c:

Unit HR Liaison