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(date)

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(employer)

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(address)

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(address 2)

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(city/state/zip)

Dear Sir or Madam:

Please provide me with the truthful reason for my termination as required by Minnesota Statute Section 181.933.

Please provide me with a complete copy of my personnel file as required by Minnesota Statute section 181.961.

Please provide me with all documents relating to my drug and/or alcohol tests, including copies of all test results, all chain of custody documents, and all documents signed by me prior to taking the tests as required by Minnesota Statute section 181.950 et. seq.

Please send the requested information, documents and unpaid wages and benefits, to:

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(name)

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(street address)

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(city/state/zip)

Thank you.

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(signature)

Send the original of this form to your former employer by certified mail, return receipt requested. Keep a copy of this form for your records.