

Hull Public Schools
Tobacco-Free Workplace Agreement

Name: _____

Signature: _____

Job Title: _____

School, Office or Work Location: _____

- I have received a copy of, and have read, the Hull Public Schools Tobacco-free Schools Policy.
- I understand it is my obligation to refrain from using tobacco and tobacco products on school grounds.

I am aware of the Hull Public Schools' Employee Assistance Program, which offers my immediate family members and me confidential counseling for tobacco cessation programs.

I understand my obligation to support the School Committee's effort to provide a tobacco-free environment.

I understand that if I have any questions regarding this policy, I should contact my building Principal.

PLEASE RETURN THIS FORM TO YOUR BUILDING PRINCIPAL

First reading 2013 revision: April 8, 2013

Second reading: June 3, 2013

Adoption: June 17, 2013

Proposed reconsideration: June 2018

Hull Public Schools