

REQUEST FOR EXEMPTION

PURSUANT TO POLICY A1919

PROHIBITIONS OF SMOKING AND TOBACCO USE ON COUNTY PROPERTY

Employee Name:	
Title:	
Department:	
Appointing Authority:	

JUSTIFIED BY WORK NECESSITY OR PERSONNEL SAFETY

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IDENTIFICATION OF PROPOSED SMOKING AREA

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STATEMENT JUSTIFYING PROPOSED SMOKING AREA

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DIAGRAM OF PROPOSED SMOKING AREA

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EMPLOYEE SIGNATURE	APPOINTING AUTHORITY SIGNATURE
<i>Date</i>	<i>Date</i>

EXEMPTION	
<input type="checkbox"/> Allowed	
<input type="checkbox"/> Not Allowed	
Review Committee Signature	Date