

PERSONNEL

- CERTIFIED PERSONNEL –

03.1327 AP.2

- CLASSIFIED PERSONNEL -

03.2327 AP.2

**Employee Tobacco, Alternative Nicotine, or Vapor Product Violation**

\_\_\_\_\_  
Reporting Date

Superintendent or Designee,

On \_\_\_\_\_,

*Date*

*Employee's Name*

was found to be in violation of the District prohibition of Tobacco, Alternative Nicotine or Vapor Products, which took place at \_\_\_\_\_.

*Location*

At this time, the following information is being provided concerning the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please contact me directly if you have questions about this information. I can be reached at

\_\_\_\_\_.

*Telephone Number*

Sincerely,

\_\_\_\_\_

Principal or Supervisor

**FOR DISTRICT USE ONLY**

Please indicate discipline for above violation:

- Verbal or written warning.
- Documentation of the violative conduct in the employee evaluation.
- Private reprimand.
- Public reprimand.
- Suspension without pay.
- Termination.

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date

**RELATED POLICIES:**

03.1327; 03.2327