



Dayton &  
Montgomery  
County

# Public Health - Dayton & Montgomery County



## NICOTINE-FREE ACKNOWLEDGMENT

As a condition of my employment with Public Health — Dayton & Montgomery County, I hereby acknowledge that I do not presently use any nicotine or tobacco product in any form, including but not limited to, replacement therapies such as nicotine gum, transdermal patches, nasal sprays or any prescription medications to treat smoking addiction. I further acknowledge that I will not engage in the use of these products at any time while employed by Public Health - Dayton & Montgomery County. I understand that if Public Health - Dayton & Montgomery County has reason to suspect that I may be violating this policy, I will be subject to a nicotine test, with or without notice, and I hereby grant my consent to this testing. Finally, I understand that my refusal to submit to a test or any other violation of this policy will result in discipline, up to and including immediate termination.

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Employee Name

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Signature

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Date