

**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**

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*First reading 2013 revision: April 8, 2013*

*Second reading: June 3, 2013*

*Adoption: June 17, 2013*

*Proposed reconsideration: June 2018*

Hull Public Schools