

Affidavit of Non-Tobacco Use

I wish to update the status regarding my use of tobacco related products. By signing below, I certify that I have ceased use of all tobacco related products.

I understand that failure to properly disclose the use of any tobacco products will be considered to be a violation of the University of Dayton's Policy Prohibiting Illegal, Fraudulent, Dishonest and Unethical Conduct and may result in disciplinary action, up to and including termination of employment.

As a result of this update, the surcharge applied to my health insurance will be cancelled for the next possible pay period after this signed affidavit has been received by the Office of Human Resources, and will not be retroactively applied.

Employee Signature _____ Printed Name _____

Employee ID # _____ Date of Signature _____

Please return this Affidavit of Non-Tobacco Use to:

Office of Human Resources
St. Mary's Hall Room 315
Campus Zip +1649