



Tobacco Free Campus Violation Form

Current Date:

Date of Violation:

Employee Name:

MSU ID #:

Department:

Position Title:

Give complete details regarding this violation. (If additional space is needed, use a separate sheet.)

Type of Action Taken:

Written Warning

Date of Verbal Warning:

I, the employee, understand that further offenses will result in disciplinary action per Policy Number VI C Employee Discipline as offense m. Willful violation of University rules, regulations or policies.

Employee's Signature

Date

Supervisor's Signature

Date

Send original form with signatures to the Office of Human Resources.