

Contact Information

Responsible Representative (Name, please print):

Email:

Phone:

Representing:

Self Other: Please write name of Organization, Department, Group or Other Entity in the space below

Exception Request: Requests are reviewed on a case by case basis. Please allow up to five business days for a response.

Exceptions: The policy effective July 1, 2015, prohibits all smoking and the use of tobacco products in or on all university owned, operated or leased buildings, facilities and grounds, including vehicles.

The following activities may be conducted as exceptions to the policy subject to advance approval as indicated.

- A. The use of tobacco products in laboratory and classroom instruction/experiments, or for artistic purposes. All research, educational, and/or artistic purposes that involve the use of tobacco on campus must be approved in advance by the Provost or designee. Such use must be preceded by reasonable advance notice to the public. Nothing in this policy is intended to prohibit research on tobacco companies or tobacco products.
- B. Specific activities used in connection with the practice of cultural activities by Native Americans that are in accordance with the American Indian Religious Freedom Act, 42 U.S.C. sections 1996 and 1996a allow for the use of ceremonial tobacco. All ceremonial use exceptions must be approved in advance by the President of Eastern Michigan University or his/her designee.
- C. Reasonable accommodations as required by law.

Request for an Exception/Accommodation. For the Tobacco Use Policy, please describe why an exception or accommodation is needed. If requested for an activity or event, the date, time (beginning & ending), and anticipated number of attendees MUST be included. Please provide as much pertinent detail as possible to support your need for an exception or accommodation. Attach separate sheet of paper if more space is needed):

Responsible Representative Signature

Date

Relationship to University

Faculty Staff Student Other, Please describe _____

Supervisor/Advisor Approval if University-affiliated activity or event

Supervisor/Advisor Name:

Department or Organization

Signature:

Date

Official Use Only:

Date Received _____ by University Human Resources (faculty/staff/student requests)

Event Planning (alumni or visitor requests)

Request for Exception is

Approved

Denied – Reason for denial _____

Authorizing Signature (Vice President, University Human Resources)

Date