

This affidavit verifies:

Employee Name (print): _____

Last 4 digits SSN: _____

Tobacco Free Credit – Employee must read this section before signing

Tobacco Free Affidavit: I certify that I have not used tobacco products, including cigarettes, snuff, chewing or dipping products, cigars or pipes within thirty days prior to the date of this affidavit. If I begin using tobacco products I agree to notify the City of Montgomery Risk Management Department (**Room 108 in City Hall**) within 3 business days to discontinue my tobacco free credit. Failure to make timely notification will subject me to disciplinary action up to and including termination of employment and/or repayment of 25 dollars per month for entire time I received a tobacco free credit. I understand that I am subject to nicotine testing at any time.

Employee Signature: _____

(Signature for Tobacco Free Credit)

Date: _____

