

[Print on Department Letterhead]

**Personal and Confidential**

[Date]

[Employee's Name]

[Employee's Title]

[Name of Department]

Re: Violation of the Health System's No-Smoking Policy

On \_\_\_\_\_[date] at \_\_\_\_\_[location], you violated the UC Davis Health System's No-Smoking Policy by smoking at Health System. You were previously reminded about this policy and provided a copy of it. You must cease smoking at the Health System in violation of the policy.

Improving health and maintaining a healing environment has always been the top priority for UC Davis Health System. It's the key reason why we established a smoke-free environment in July 2008 when smoking was prohibited in all outdoor areas on the Sacramento campus. On July 1, 2009, smoking was also prohibited at all outlying facilities, such as the Primary Care Network clinics and the Warehouse. The decision to eliminate all smoking — including parking areas — was based on the fact that any tobacco smoke, including second-hand smoke, carries a health hazard for which there is no risk-free level of exposure.

Establishing the smoke-free policy provides employees, patients, visitors, volunteers and students with the protection they deserve from the unhealthy and damaging impacts of second-hand smoke. A copy of the policy, which you are expected to read and adhere to, is attached. Please let me know if you have any questions now or in the future about this expectation.

For those trying to quit smoking, UC Davis Health System offers a variety of smoking-cessation opportunities. Contact our experts at (916) 734-8493 or [cjshulkin@ucdavis.edu](mailto:cjshulkin@ucdavis.edu) for details about classes and other treatment options.

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[Supervisor's Name]

[Supervisor's Title and Department]

Attachment: Proof of Service

cc: Employee's Departmental File  
Labor Relations (1 copy)

**PROOF OF SERVICE**

I am individual over the age eighteen (18) years. I am employed by the University of California, Davis Health System.

*Check one of the two boxes below for either Personal Delivery or Service by US Mail:*

**Service by Personal Delivery.** On \_\_\_\_\_ [Insert Date], I personally delivered the attached Letter of Expectation about the Health System’s No-Smoking Policy to the following employee: \_\_\_\_\_ [Insert the name of employee being placed on investigatory leave], at Sacramento, California.

**Service by U.S. Mail.** On \_\_\_\_\_ [Insert Date], I served the attached Letter of Expectation about the Health System’s No-Smoking Policy by placing a true copy enclosed in a sealed envelope with postage fully prepaid for delivery by the U.S. Postal Service, addressed as follows:

(Type name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on \_\_\_\_\_ [Date] at Sacramento, California.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Attachment: Letter of Expectation about Smoke-Free Policy