

**STATE COLLEGE AREA SCHOOL DISTRICT
TOBACCO USE CESSATION AFFIRMATION**

I affirm that I will enroll in and complete the Highmark Tobacco Free Program prior to October 1, 2024. I will notify the Human Resources Office when I have completed the program. Upon completion of the program, my goal is to remain tobacco free.

Name (Please Print): _____

Signature: _____

Date: _____ **Employee #:** _____