

# CITY OF SAN ANTONIO



<b>Administrative Directive</b>	<b>AD 4.65 Tobacco-Free Workplace</b>
<b>Procedural Guidelines</b>	Policy prohibiting the use of tobacco and tobacco products in or near city facilities or vehicles
<b>Department/Division</b>	Human Resources, Employee Wellness Program
<b>Effective Date</b>	May 1, 1993
<b>Revised</b>	May 18, 2014
<b>Last Reviewed</b>	N/A
<b>Project Manager</b>	Human Resources, Employee Benefits Division

## Purpose

The purpose of this administrative directive (AD) is to provide wellness guidelines for City of San Antonio (City) employees which are consistent with City employee wellness tobacco cessation programs, City smoke-free ordinances, and City Municipal Code, as they relate to prohibiting the *use of tobacco* and tobacco products in City *workplaces*.

## Policy

It is the policy of the City to enforce Ordinance 2010-08-19-0697 and City Municipal Code Chapter 36 as it relates to *use of tobacco* in and around City *workplaces* and to provide a tobacco-free environment for all employees in an effort to foster a productive and healthy workforce and *workplace*.

## Policy Applies To

<input checked="" type="checkbox"/> External & Internal Applicants	<input checked="" type="checkbox"/> Temporary Employees
<input checked="" type="checkbox"/> Full-Time Employees	<input checked="" type="checkbox"/> Volunteers
<input checked="" type="checkbox"/> Part-Time Employees	<input checked="" type="checkbox"/> Grant-Funded Employees
<input checked="" type="checkbox"/> Paid and Unpaid Interns	<input checked="" type="checkbox"/> Police and Fire Academy Trainees
<input checked="" type="checkbox"/> Uniformed Employees Under Collective Bargaining Agreements	

## Definitions

<b><u>Use of Tobacco</u></b>	Use of tobacco includes all forms of tobacco products including but not limited to: carrying or holding of a lighted pipe, cigar, or cigarette; the lighting of or emitting smoke by exhalation or other means from a pipe, cigar, or cigarette; chewing tobaccos; snuff or any other use of tobacco; and the use of electronic or smoke-free cigarettes.
<b><u>Workplace</u></b>	A City-owned or leased indoor or outdoor area or structure intended for occupancy by employees who are engaged in providing services for the City. This includes, but is not limited to areas where customers are served or wait to be served, restrooms, conference rooms, break rooms, storage areas and city-owned or leased vehicles or other areas where work is conducted.

<b>Policy Guidelines</b>	
<b><u>Use of Tobacco Prohibition</u></b>	<p>The <i>use of tobacco</i> by City employees is discouraged. It is explicitly prohibited to use tobacco and tobacco products in the <i>workplace</i> and to smoke while on duty.</p> <p>There is no obligation by the City to provide designated smoking areas.</p> <p>Vendors, visitors, and contractors are expected to adhere to this policy and violators should be courteously reminded to remain tobacco-free while in a City <i>workplace</i>.</p> <p>Violations of this policy may result in disciplinary action against the employee up to and including termination.</p>
<b>Roles &amp; Responsibilities</b>	
<b><u>Employees</u></b>	All Employees must follow the provisions within this AD. Civilian employees on City benefits plans are required to complete a Tobacco User Certification, and to notify the Human Resources, Benefits/Wellness team, of any changes in their status as a tobacco user. Civilian employees who use tobacco products will be subject to a monthly surcharge on health insurance premiums.
<b><u>Departments</u></b>	Department Directors will ensure employee compliance with the provisions of this AD.
<b><u>Human Resources</u></b>	Human Resources will assist all departments with disciplinary action resulting from violations of this AD.

This AD supersedes all previous correspondence on this subject and revises AD 4.65, Smoke-Free Workplace. Questions may be referred to the Human Resources Department.



## CITY OF SAN ANTONIO

### EMPLOYEE ACKNOWLEDGMENT FORM FOR

#### ADMINISTRATIVE DIRECTIVE 4.65 Tobacco-Free Workplace

**Employee:**

I acknowledge that on \_\_\_\_\_, 20\_\_\_\_, I received a copy of Administrative Directive 4.65 Tobacco-Free Workplace. I understand if I should have any questions I should contact my Human Resources Representative.

I understand that if I am a civilian employee, I will be obligated to complete a Tobacco User Certification form and pay a monthly fee as an insurance premium surcharge if I acknowledge that I am a tobacco user and enrolled in a City healthcare plan.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee SAP ID Number