

Office of Human Resources

9501 S. King Drive/ADM 203

Chicago, IL 60628

T 773.995.2040

F 773.995.2942



SMOKING CITATION APPEAL

Name _____ UID# _____

Address _____

Phone _____ Email _____

Citation# _____ Date of Citation _____

Please check one: Faculty Staff Student

REASON FOR APPEAL (If you need more space, use the reverse side of this form.)

Signature _____ Date _____

NOTE: ALL APPEALS MUST BE FILED WITHIN 10 CALENDAR DAYS OF OFFENSE

Please include a copy of the citation with your appeal. The Human Resources Smoking Appeals Board meets monthly to review appeals and will respond within 30 business days of the meeting date. Submit this form to the Office of Human Resources, ADM 203. **The decision of the Smoking Appeals Board is final.**

FOR OFFICE USE ONLY

Disposition of this Appeal: Approved Not Approved Date of meeting: _____

Fine Amount \$: _____ Date decision letter mailed _____

Basis _____

Signature _____ Date _____