A123456

## **NOTICE of NON-COMPLIANCE**

## Policy HS 10 Smoke-Free Campus

Date:	_ Tim	e:
Location:		
Staff: ☐ Stu	dent: 🔲	Other: 🔲
Identification obtain	ed:	
Student/Staff card:	Uerbal:	
This notice is issued	to:	
Name:		
Staff / Student #:		<del></del>
Area / School or Pro	ogram:	
At the above indicated time and location, you were found to be in contravention of the Smoke-Free Campus Policy HS-10 by smoking on the property of the College.		
As a staff member College you are re policies.		• .
Non-compliance with disciplinary action		olicies may result
A copy of this not	ice is provide	d to:
Your Manager / Su	ipervisor:	
The Student Conduct Board:		
in order that disciption the circumstance disciplinary measure repeated violation	es, can be tal	ken. Progressive
Issued By:		
Signature:		