

September 21, 2009

TO: Full time, benefit eligible Professional and Classified staff  
FROM: Bob Kustra, President  
RE: Request for Release Time

The health and safety of staff is a top priority for Boise State University. The Surgeon General of the United States has determined that tobacco smoking is the nation’s leading preventable cause of premature death and disability. Tobacco smoke is hazardous to the health of smokers and non-smokers alike. To promote a safe and healthful work environment, Boise State has adopted a smoke-free campus policy to encourage smokers to reduce or eliminate their consumption of tobacco, and to protect non-smokers from exposure to tobacco smoke.

As a result of the University’s commitment to wellness and to maintain a healthy and safe environment, I authorize release time up to 90 minutes per week for those employees desiring to participate in the Boise State University Freedom from Smoking classes during normal work hours. Freedom from Smoking, researched and developed by the American Lung Association, is the gold standard for smoking cessation programs. Programs will last 6 weeks, where participation will require meeting once per week. Supervisory approval is necessary to determine how release time can be utilized during work week.  
*\* Participants must attend all Freedom from Smoking program classes to be eligible for Release Time.*

The procedure outlined below must be followed for participation:

1. Complete this form.
2. Obtain supervisor’s approval (indicated by supervisor’s signature).
3. Send completed form to Boise State University Wellness Service, MS-1351.
4. Wellness Services will:
  - a. Review and suggest recommendations, if necessary, and approve final plan.
  - b. Send emails of approval to employee and supervisor.
5. After receiving approval of release time, register for the Freedom from Smoking class by visiting [www.boisestate.edu/healthservices/events](http://www.boisestate.edu/healthservices/events).
6. Please call Wellness Services at 6-5686 or visit [www.boisestate.edu/healthservices](http://www.boisestate.edu/healthservices) if you have any questions.

**TOBACCO CESSATION CLASS RELEASE TIME REQUEST FORM**

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Ext.: \_\_\_\_\_  
(please print)

Email address: \_\_\_\_\_ Mailstop.: \_\_\_\_\_

Boise State University Freedom from Smoking class you plan to register for:

Date:

Time:

Location:

Instructor:

Supervisor’s Name (please print): \_\_\_\_\_ Ext.: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_

**Thank you for taking the time to complete this form!**