



**DETERMINATION ON COVID-19
VACCINATION EXEMPTION REQUEST**

Employee Name	Employee DSW#
Job Code and Title	Department
Division/Unit	Supervisor/Manager

This notice is to advise you of the following departmental determination on your request for exemption from COVID-19 vaccination requirements submitted on ___/___/20__.

APPROVED

Your request for an exemption based on a disability, medical condition, or sincerely held religious belief is **APPROVED**. You will remain in your current position with the following reasonable accommodations (including any mandatory health and safety protocols for unvaccinated employees, such as regular testing and specific masking requirements and to protect coworkers and members of the public):

(Attach separate sheet as necessary.) Failure to comply with any of the required accommodations, including health and safety requirements, may result in revocation of this approval.

DURATION

Approved accommodations are subject to change in accord with public health orders, or to align with current essential job functions, or operational needs. Should either your condition or religious beliefs change such that this accommodation is no longer necessary, or needs to be modified, you must immediately notify your supervisor or department Human Resources personnel.

This accommodation is subject to review and re-approval on: ___/___/20__.

DENIED

<input type="checkbox"/> DISABILITY OR MEDICAL CONDITION	<input type="checkbox"/> SINCERELY HELD RELIGIOUS BELIEF
Your request for an exemption based on an asserted disability or medical condition is DENIED for the following reason(s):	Your request for an exemption based on an asserted sincerely held religious belief, practice or observance is DENIED for the following reason(s):
<input type="checkbox"/> Medical Documentation Inadequate/Not Submitted <input type="checkbox"/> No Disability or Medical Condition Requiring Accommodation <input type="checkbox"/> Accommodation Would Pose a Direct Threat to the Health and Safety of Others and/or Yourself <input type="checkbox"/> Accommodation Would Prevent Employee from Performing Essential Function(s) <input type="checkbox"/> Accommodation Would Result in Undue Hardship for the City <input type="checkbox"/> Other: _____	<input type="checkbox"/> Documentation Insufficient to Show a Conflict Between Vaccination Requirement and Sincerely Held Religious Belief, Practice or Observance <input type="checkbox"/> Accommodation Would Pose a Direct Threat to the Health and Safety of Others and/or Yourself <input type="checkbox"/> Accommodation Would Prevent Employee from Performing Essential Function(s) <input type="checkbox"/> Accommodation Would Result in Undue Hardship for the City <input type="checkbox"/> Other: _____

CITYWIDE SEARCH

The department has determined that you have a medical condition, disability, or sincerely held religious belief that precludes you from being vaccinated, but that the department cannot reasonably accommodate you in your current position. While you cannot remain in your current position, you may continue the interactive process to explore other options for reasonable accommodation through the Citywide job vacancy search. This 60-day process involves a search for available, vacant, non-promotive positions within City employment for which you are qualified and that you can perform while unvaccinated, with or without accommodation.

FOR HR USE ONLY

Vaccination Status Updated in PeopleSoft Yes No

Date Determination Form Uploaded to PeopleSoft: ___/___/20___

Referred to Citywide Reasonable Accommodation Coordinator Yes No