

**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**☐ **DISABILITY OR MEDICAL CONDITION**

Your request for an exemption based on an asserted disability or medical condition is **DENIED** for the following reason(s):

- ☐ Medical Documentation Inadequate/Not Submitted
- ☐ No Disability or Medical Condition Requiring Accommodation
- ☐ Accommodation Would Prevent Employee from Performing Essential Function(s)
- ☐ Accommodation Would Result in Undue Hardship for the City
- ☐ Other: _____

☐ **SINCERELY HELD RELIGIOUS BELIEF**

Your request for an exemption based on an asserted sincerely held religious belief, practice or observance is **DENIED** for the following reason(s):

- ☐ Documentation Insufficient to Show a Conflict Between Vaccination Requirement and Sincerely Held Religious Belief, Practice or Observance
- ☐ Accommodation Would Prevent Employee from Performing Essential Function(s)
- ☐ Accommodation Would Result in Undue Hardship for the City
- ☐ 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 ONLYVaccination Status Updated in PeopleSoft ☐ Yes ☐ No

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

Referred to Citywide Reasonable Accommodation Coordinator ☐ Yes ☐ No