



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

This is to advise you of the following 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 religious belief is **APPROVED**. You will remain in your current position. Please note that you will be subject to the following safety protocols for unvaccinated employees:

1. You will be tested for COVID-19 at least once a week using either a nucleic acid (including polymerase chain reaction (PCR)) or antigen test; AND
2. At all times at the worksite, you must wear a Well-Fitted Mask, except for limited periods while eating, drinking, or engaged in other activities (such as showering) where it is not possible or safe to do so.

DURATION

This Exemption is Temporary and will Expire on: Date: ___/___/20__

This Exemption is Permanent and will remain effective for the duration of the vaccination requirement

DENIED

Employees unable to remain in their current positions may continue the interactive process to explore options for return to work

DISABILITY OR MEDICAL CONDITION

Your request for an exemption based on 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 Pose a Direct Threat to the Health and Safety of Others and/or Yourself
- Accommodation Would Require Removal of Essential Function(s)
- Other: _____

RELIGIOUS BELIEF

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

- Documentation Insufficient to Show a Conflict with Religious Belief, Practice or Observance and Vaccination Requirement
- Accommodation Would Pose a Direct Threat to the Health and Safety of Others and/or Yourself
- Accommodation Would Require Removal of Essential Function(s)
- Other: _____

Detailed Reason for Denial (if required):

You may appeal the denial of your accommodation request to the Human Resources Director. Appeals must be received within 30 days of the date of this determination and should be sent via email to DHR-EEO@sfgov.org.

FOR HR USE ONLY
Rev. 7/30/2021

Vaccination Status Updated in PeopleSoft Yes No

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