

Exemption Request: COVID-19 Vaccination

DIRECTIONS: To request an exemption from the required COVID-19 vaccination(s) and/or boosters, please complete the section below before returning this form to the Human Resources department by **emailing this form to PRExemptHR@laverne.edu**.

Name and Banner ID (e.g., Leo Leopard 12345678)	Today's Date:
Department (and college if applicable):	Position Title:
Supervisor:	Work or Cell Phone:

I am requesting an exemption from the University of La Verne's mandatory vaccination policy for the COVID-19 Vaccination and subject to the testing policy as stated in the COVID-19 Vaccination Policy.

Please initial below:

_____ I understand that this is an exemption to the COVID-19 Vaccination policy and **NOT** a request for reasonable accommodation, and should I need to request a reasonable accommodation, I will submit an email to MExemptHR@laverne.edu.

_____ I verify that the information I am submitting to substantiate my request for exemption from the University of La Verne's vaccination policy is true and accurate to the best of my knowledge.

_____ I understand that I am subject to the COVID-19 testing policy; any violation of this policy risks the health and safety of the University community and will be grounds for corrective or disciplinary action for employees.

_____ I understand that I will receive encrypted notifications from the Office of Human Resources notifying me that I must submit my COVID-19 test results in Med+Proctor or report to the University of La Verne Health Office for a test where they will upload my test results on my behalf.

Employee Signature: _____

Date: _____

HR USE ONLY	
Date of initial request: _____	Date certification received: _____
Exemption request:	
<input type="checkbox"/> Approved _____ Describe specific exemption details: _____	
<input type="checkbox"/> Denied _____ Describe why exemption is denied: _____	
HR Representative Signature _____	Date _____