

Accommodation Request for COVID-19 Vaccination

Name: _____

Email: _____ Phone: _____

Job Title: _____ Department: _____

I am requesting a:

- Medical Exemption:** I believe that I am eligible for an exemption and workplace accommodation due to my own physical or emotional health disability. As a result of my disability, I am requesting an exemption from the mandatory COVID vaccine.

I understand that my request must be accompanied by documentation from my health care provider that verifies the presence of a condition that would cause an endangerment to life or health, or is medically contraindicated if vaccinated. Any documentation must include the medical professional's name, contact information, date, signature and National Provider Identifier, or NPI, for verification.

- Religious Exemption:** I am seeking a religious exemption. I acknowledge that I can attach two letters of explanation, one from me, and a second from a member of the clergy or administrators of my religious affiliation. I understand that I will be required to speak with a representative of the Human Resources team before this accommodation is approved or declined.

If approved for exemption, I understand and agree to adherence of the following as deemed necessary by the Director of Human Resources & Risk Management:

- I. Wear a face mask / covering,
- II. Participate in testing protocols on the Rindge campus or [other locations](#) bi-weekly and forward results to Human Resources,
- III. Actively continue with preventative measures such as but not limited to: hand washing / sanitizing, adherence to occupancy limits, mask wearing, and social distancing.

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the University.

Signed: _____

Date: _____

Completed forms and documentation should be submitted to hrdept@franklinpierce.edu

To be Completed by Human Resources:

Date this Request form was received in Human Resources: _____

Interactive Discussion(s) if applicable:

Discussion Details: _____ Date: _____

Exemption / Accommodation Granted:

Yes.

Outline Exemption / Accommodation including required alternative safety precautions required:

Review date (if applicable): _____

No.

Explain why denied:

Human Resources Representative: _____

Print Name: _____ Date: _____