

CONFIDENTIAL

Request for Exemption from the City's COVID-19 Vaccination Mandate

To request an exemption from the required COVID-19 vaccination(s), please complete this form and submit it to your Administrative Services Officer (ASO) or departmental EEO Coordinator.

SECTION 1:

Name (print):	Date:
Dept./Agency:	Position:
Best Contact Phone Number:	Best Contact Email:
Best Contact Mailing Address:	Supervisor's Name:

I am requesting an exemption from the required COVID-19 vaccination for the following reason:

- Medical condition (proceed to Section 2)
- Sincerely held, religious belief, practice or observance (proceed to Section 3)

I understand that the City is not required to provide the above requested exemption as an accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for my department/agency and/or the City and County of Honolulu.

SECTION 2: Requesting a Medical Exemption:

I am medically unable to receive the COVID-19 vaccine for the following reason(s):

Within two (2) weeks of submitting this request, you are required to submit a signed medical certification from your treating health care professional attesting that you are unable to receive the COVID-19 vaccination due to your medical condition(s). A medical authorization to release health information is included in the attached document along with the information needed from your provider to confirm the medical reason for your inability to be COVID-19 vaccinated.

During the review process, you may be asked for additional information specific to and in support of your request. While your exemption request is being reviewed, you will be subject to COVID-19 testing once a week at a City sponsored testing site. You will be notified at the mailing address and email you provided above regarding the outcome of your request.

I verify that the information I am providing for an exemption from the City's COVID-19 Vaccination Mandate is true and accurate to the best of my knowledge. I understand that any falsified information may lead to disciplinary action, up to and including termination.

Employee Signature:	Date:
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SECTION 3: Requesting a Religious Exemption:

I have read and understand the City's COVID-19 Vaccination Mandate pursuant to the Mayor's Directive. I understand that a request for a religious exemption based on objections to **specific vaccinations** will not be granted.

I am requesting an exemption based on my sincerely held religious belief(s), practice(s), or observance(s) which are as follows (attach an additional sheet if necessary):

During the review process, you may be asked for additional information specific to and in support of your request. If your exemption is approved and while your exemption request is being reviewed, you will be subject to COVID-19 testing once a week at a City sponsored testing site. You will be notified at the mailing address and email you provided above regarding the outcome of your request.

I verify that the information I am providing for an exemption from the City's COVID-19 Vaccination Mandate is true and accurate to the best of my knowledge. I understand that any falsified information may lead to disciplinary action, up to and including termination.

Employee Signature:	Date:
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The following section is to be filled in by the Department ASO or departmental EEO Coordinator before submitting form to the Department of Human Resources, COVID-19 Vaccination Exemption Requests Committee. All forms should be submitted in an envelope marked "CONFIDENTIAL."

Department Administrative Services Officer (ASO) or departmental EEO Coordinator:

Name: _____

Phone: _____

Email: _____

Date Received Request for Exemption: _____