PALOS VERDES ART CENTER
Beverly G. Alpay Center for Arts Education

REQUEST FOR EXEMPTION

Medical COVID-19 Vaccination Exemption

Employee Name: _____ Date: _____

Position: _____

Supervisor Name: _____

It is the policy of PVAC to provide reasonable accommodations to qualified individuals with disabilities in accordance with the federal Americans with Disabilities Act and the California Fair Employment and Housing Act. Please complete this from and provide the requested supporting information so PVAC can engage in an interactive dialogue with you to determine if you qualify for a reasonable accommodation.

PART 1: EMPLOYEE CERTIFICATION

I have a disability or medical condition that prevents me from receiving any COVID-19 vaccine. To be eligible for this exemption, I understand that I must also provide PVAC with a written medical certification signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, stating that I qualify for the exemption (*the written medical certification should not identify the underlying medical condition or disability*) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent).

I have received and reviewed the information on the PVAC policy requiring COVID-19 vaccination. I understand that a detailed review of my limitations due to my disability may be required, and I agree to cooperate fully in this process. I further understand that if my request is approved, I am obligated to report any changes in my limitations/disability status which may require a re-evaluation of this request. Granting of this request does not signify approval of any future reasonable accommodation request within this or any other department of PVAC.

I hereby certify that I make this request based on my belief that I have a disability or medical condition that prevents me from complying with COVID-19 vaccination requirements. I understand that any falsified information can lead to disciplinary action, up to and including termination of employment. I understand that PVAC is not required to provide this exemption accommodation if doing so would pose a direct threat to others in the workplace or would create an undue hardship on PVAC. I further understand that if I am approved for a medical vaccination exemption I must provide proof of weekly COVID-19 testing and comply with all agreed upon infection control requirements to ensure the health and safety of the PVAC Community.

Requests for an exemption/accommodation can be made to PVAC without fear of retaliation as this policy prohibits retaliation against any employee who makes a request for exemption in good faith.

_____ _____

Employee Signature Date

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

PART 2: FOR OFFICE USE ONLY

Vaccination Exemption Request received on: _____

Medical Certification received on: _____

Description of requested accommodation:

_____

_____

_____

Evaluation of impact (if any):

_____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1._____

2._____

3. _____

Date discussed with employee: _____

Final accommodation agreed upon:

_____

_____

If no agreement on an accommodation, provide an explanation:

_____

_____

_____ _____

Employer/Immediate Supervisor Signature Date