

 <p><b>HAWAII HEALTH SYSTEMS CORPORATION</b> <i>Quality Healthcare for All</i></p> <p style="text-align: center;"><b>PROCEDURE</b></p>	<p><b>Department:</b></p> <p style="text-align: center;"><b>Human Resources</b></p>	<p><b>Policy No.</b></p> <p style="text-align: center;"><b>HR 0028B</b></p>
	<p><b>Approved By:</b></p> <p style="text-align: center;"><i>Linda Rosen</i></p> <p>By: Linda Rosen, M.D., M.P.H. Its: HHSC President &amp; CEO</p>	<p><b>Approved Date:</b></p> <p style="text-align: center;">November 18, 2021</p>
<p><b>Subject:</b></p> <p style="text-align: center;"><b>Mandatory COVID-19 Vaccination for Current HHSC Employees</b></p>		<p><b>Last Reviewed:</b></p> <p style="text-align: center;">November, 2021</p>

I. **PURPOSE:** To establish procedures for the administration of Policy No. HR 0028A, “Mandatory COVID-19 Vaccination for Current HHSC Employees.”

II. **DEFINITIONS:**

“Current employee” means a Hawaii Health Systems Corporation (HHSC) employee currently employed at a HHSC facility or work location at the time of the effective date of this policy.

“FDA” means the United States Food and Drug Administration.

“Fully vaccinated against COVID-19” means at least two weeks (14 calendar days) have passed since the current employee received the required number of doses of vaccine recommended by the Center for Disease Prevention and Control (CDC) and/or local health authorities for the vaccine to have maximum effectiveness (currently, one dose of the Johnson and Johnson vaccine and two doses of the Pfizer or Moderna vaccine or any future FDA approved vaccine) before the current employee’s first day of physically working at their HHSC work location after the effective date of this policy.

“Partially vaccinated employee” means an employee who has received only the first COVID-19 vaccination in a two-dose series or an employee for whom two weeks have not passed since receiving the second dose in a two-dose series, or two weeks have not passed since receiving a single dose vaccine.

“Unvaccinated employee” means an employee who has not received any dose of a COVID-19 vaccine.

“VAMS” means Vaccine Administration Management System.

III. **PROCEDURES:**

1. COVID-19 VACCINE ADMINISTRATION

- a. HHSC will provide onsite access to the vaccines in locations where feasible at no cost to employees. In locations where, onsite access is not feasible, administrative leave may be granted for the purpose of getting vaccinated for COVID-19 during work hours.

- b. Employees who are vaccinated for COVID-19 through offsite locations during their regularly scheduled work hours, operations permitting, will receive up to two (2) hours paid time off, including travel time and time to get vaccinated. For COVID-19 vaccinations that require two doses, each employee may be granted up to two (2) hours paid time off for each vaccination. Proof of vaccination is required to be eligible for paid time off.
- c. If employees are scheduled for vaccination appointments on their scheduled day off or outside of their regularly scheduled work hours, administrative leave will not be applicable and no adjustments to pay or working hours shall be made. However, employees on approved vacation leave may be credited up to two (2) hours of administrative leave for the purpose of getting vaccinated for COVID-19. Proof of vaccination required to be eligible for paid time off.
- d. Employees who received vaccinations at onsite clinics at the workplace may not be eligible for administrative leave.
- e. Employees, regardless of appointment type (e.g. 89-day, part-time, exempt, excluded) may be granted administrative leave for the purpose of getting vaccinated for COVID-19 during work hours.
- f. Employees who previously used personal leave (e.g., sick, vacation) or were placed on authorized leave without pay to get vaccinated for COVID-19 may request to apply administrative leave retroactively. If approved, leave records shall be adjusted accordingly and proof of vaccination is required.
- g. Administrative leave shall not be accumulated or used to grant equivalent time off at a later date.
- h. The allowance for administrative leave is to address the current public health emergency and does not create a past practice or expectation of continuation beyond the limited situation and will expire on December 31, 2021 unless superseded or rescinded.
- i. Employees seeking further information about COVID-19 vaccines may go to the Centers for Disease Control and Prevention website at: [www.cdc.gov/coronavirus/2019-ncov/vaccines](http://www.cdc.gov/coronavirus/2019-ncov/vaccines). Additionally, employees who want to get the COVID-19 vaccination but have **medical-related only** questions about the vaccine, may contact their regional Employee Health/Infection Control Office, designated department, or their healthcare provider.

## 2. COVID-19 ATTESTATION

- a. Upon request by their respective Employee Health/Infection Control Office or designated department all employees are required to complete and submit to their regional Employee Health/Infection Control Office or designated department, a COVID-19 Attestation Form (**Attachment 1**) attesting to their COVID-19 vaccination status by September 7, 2021. The HHSC COVID-19 Vaccination Attestation Form (**Attachment 1**) shall be retained in the Employee Health/Infection Control Office or a designated department for the minimum period required by State and Federal laws and regulations. This attestation requirement is intended to allow employees who have been

vaccinated in an HHSC facility to forego submitting an Attestation Form unless specifically requested. All other employees (e.g., those fully or partially vaccinated at a non-HHSC facility or who have not been vaccinated, should submit a completed Attestation Form no later than September 7, 2021.

- b. Appropriate action, including termination of employment at HHSC, will be taken if employees fail to submit their COVID-19 Attestation Form as required by these procedures, or when notified, their proof of vaccination, or their exemption request within the time period required.
- c. Employees who do not turn in the COVID-19 Attestation Form to the regional Employee Health/Infection Control Office or designated department by the deadline or fail to comply with the provisions set forth in this procedure shall be placed on leave without pay and not be allowed to work until their employment status is determined.
- d. Except as provided in subsection a of this procedure, Fully or Partially vaccinated employees will indicate whether they have completed both doses of a two-dose series or completed a single-dose vaccine or initiated the first dose of a two-dose series on the COVID-19 Attestation Form by September 7, 2021.
  - i. Partially vaccinated employees must complete the second dose no later than September 30, 2021, and must present their COVID-19 vaccination card or VAMS certificate to their regional Employee Health/Infection Control Office or a designated department.
  - ii. Fully vaccinated employees must present their COVID-19 vaccination card or VAMS certificate to their regional Employee Health/Infection Control Office or a designated department upon request by their respective Employee Health/Infection Control Office or designated department.
  - iii. Employee Health/Infection Control Office or a designated department shall retain a copy of the COVID-19 vaccination card or VAMS certification for the minimum period required by the State and Federal laws and regulations.
- e. Unvaccinated employees and partially vaccinated employees who have received one dose of a two-dose vaccine series and will not receive a second dose will indicate whether they are requesting an exemption based on bona fide religious or medical reasons.
  - i. Unvaccinated and partially vaccinated employees who are granted an exemption from the COVID-19 vaccine mandate will be required to submit to weekly COVID-19 testing as described in Section Four (4) below and may be subjected to additional safety protocols such as additional PPE. Employees who fail to submit to weekly COVID-19 testing or comply with additional safety protocol requirements shall be placed on leave without pay and not be allowed to return to work until their employment status is determined.
  - ii. Employees who have timely submitted their exemption requests, while they are waiting for decisions on those requests, shall be required to submit to

weekly COVID-19 testing as described in Section Four (4) below. Employees who fail to submit to weekly COVID-19 testing shall be placed on leave without pay and not be allowed to return to work until their employment status is determined.

- iii. Employees who are unvaccinated and whose exemption requests are denied, shall be required to submit to weekly COVID-19 testing as described in Section Four (4) below. Employees who fail to submit to weekly COVID-19 testing shall be placed on leave without pay and not be allowed to return to work until their employment status is determined.
- iv. Unvaccinated employees who have not submitted an exemption request by September 21, 2021 and have failed to comply with the weekly COVID-19 testing requirement and/or additional safety protocols, shall be placed on leave without pay and not be allowed to return to work until their employment status is determined.

### 3. EXEMPTION AND REASONABLE ACCOMMODATION

a. Employees may request an exemption from the requirement to be fully vaccinated against COVID-19. Exemption requests will be approved in accordance with applicable federal and state laws, rules, regulations and statutes. The exemption process allows an exemption to be granted for one of the following reasons:

- i. An underlying medical condition or disability that contraindicates administration of the vaccine, or
- ii. A sincerely held religious belief, practice, or observance (as defined by applicable law). Personal or philosophical reasons for not receiving the COVID-19 vaccine by themselves, may not meet this standard.

#### b. Medical Exemption

i. Employees seeking an exemption from the Mandatory COVID-19 Vaccination for Current HHSC Employees policy because of a medical condition shall be reviewed and approved in accordance with applicable federal and state laws, rules, regulations and statutes.

a. Employees requesting a medical exemption must complete and submit a Request for COVID-19 Medical Exemption Form (**Attachment 2**).

b. Upon approval of a medical exemption, the respective Human Resources Office will follow the Individuals with Disabilities (HR 0002A & B) policy and procedures to conduct the reasonable accommodation process.

#### c. Sincerely held religious belief Exemption

i. Employees seeking an exemption from the Mandatory COVID-19 Vaccination for Current HHSC Employees policy because of a sincerely held religious belief must submit a completed Religious Request for

Exemption from Mandatory COVID-19 Vaccination and Reasonable Accommodation Form (**Attachment 3**) to the respective Human Resources Office.

- ii. Upon receipt of an employee's request for exemption, the respective Human Resources Office will review the documentation submitted and engage in the interactive process with employee to clarify the nature of the request, determine exemption eligibility, and identify potential reasonable accommodations, with assistance from the employee's supervisor. HHSC may require additional documentation in order to support the need for an exemption and to substantiate limitations associated with determining a reasonable accommodation.
- iii. Accommodations may be granted where they do not create an undue hardship for the organization and/or do not pose a direct threat to the health or safety of others in the workplace and/or to the employee. HHSC will determine the feasibility of the requested accommodation considering various factors, including, but not limited to the nature and cost of the accommodation, the availability of outside funding, HHSC's overall financial resources and organization, and the accommodation's impact on other employees.
- iv. HHSC will review each request and will make a determination in a fair and nondiscriminatory manner on a case-by-case basis.
- v. Upon approval of exemption and reasonable accommodation request, the respective Human Resources Office will document on the Religious Request for Exemption from Mandatory COVID-19 Vaccination and Reasonable Accommodation Form the granting of the exemption, notating the duration, and any required resubmission by the employee and recertification by HHSC, the requirement for additional personal protective equipment and routine testing as outlined in this procedure.
- vi. In the event an exemption and/or reasonable accommodation is denied, the respective Human Resources Office will document the denial and the reason for the denial on the Religious Request for Exemption from Mandatory COVID-19 Vaccination and Reasonable Accommodation Form.
- vii. If the exemption and/or reasonable accommodation is denied the employee may present additional information to the respective Human Resources Office within ten (10) days of the date of the determination to further substantiate the request.
- viii. If after submitting the additional information to the respective Human Resources Office and the request for exemption and/or reasonable accommodation is denied, the employee will be advised of their right to submit a written statement within twenty (20) days of the date that the final determination was made to the Corporate Human Resources Office. If the request for redetermination is denied, that decision is final.

- ix. The respective Human Resources Office shall retain the HHSC Religious Request for Exemption from Mandatory COVID-19 Vaccination and Reasonable Accommodation Form (Attachment 2) and other related documents for the minimum period required by State and Federal laws and regulations.

4. TESTING PROCEDURES FOR UNVACCINATED EMPLOYEES, PARTIALLY VACCINATED EMPLOYEES, AND EMPLOYEES EXEMPTED FROM THE MANDATORY COVID-19 VACCINATION POLICY

- a. Employees who do not, by September 7, 2021, provide proof that (i) they are fully vaccinated for COVID-19; (ii) have completed a single-dose vaccine; or (iii) have completed the second dose of a two-dose series shall be subject to regular COVID-19 testing.
- b. Employees who provide proof after September 7, 2021, that they are fully vaccinated will no longer be subject to regular COVID-19 testing under the COVID-19 vaccine mandate.
- c. Unvaccinated employees, partially vaccinated employees, and employees who are granted an exemption from the Mandatory COVID-19 Vaccination for Current HHSC Employees policy shall be required to submit to weekly COVID-19 testing. These employees shall submit to at least one COVID-19 diagnostic testing in each seven-day period starting on Monday of each week. Tests must be performed on or prior to the following Sunday. Each region may also designate a specific day of the week for each exempted employee to be tested. Employees who fail to report to a required weekly COVID-19 test shall be placed on leave without pay and not be able to report to work until their employment status is determined.
- d. Employees who are granted an exemption and assigned to a long-term care facility, shall satisfy the weekly COVID-19 testing requirement of the Mandatory COVID-19 Vaccination for Current HHSC Employees policy when subjected to the Centers for Medicare & Medicaid Services (CMS) COVID-19 weekly or more than once a week testing requirements.
- e. COVID-19 Diagnostic Tests
  - i. The COVID-19 test platform and methodology shall be approved or have received an emergency use authorization by the U.S. Food and Drug Administration.
  - ii. Employees who are required to undergo routine COVID-19 testing are expected to visit free testing sites to fulfill their testing requirements. Consistent with the Governor's emergency proclamation on August 5, 2021, any employee who does not have their testing done at a free site will generally be responsible for paying for their tests.
  - iii. If an unvaccinated employee asks the respective regions to pay for COVID-19 testing because free testing sites are not readily available and he/she/they cannot be vaccinated due to pregnancy, a medical condition, or a religious belief, the respective region may need to cover the employee's testing costs. Upon receiving a request from an employee who states one of these reasons

makes them unable to receive a vaccination, the respective region should engage in an interactive process with the employee to gather sufficient information to determine if the exemption request can be approved before agreeing to cover the costs of testing. The employee shall be responsible for all costs of testing until an exemption has been approved and the respective region has agreed to cover the costs of testing.

- iv. Employees who are tested during their regularly scheduled works hours may apply for sick leave in accordance with applicable collective bargaining provisions or Executive Orders, as operations permit. If employees do not have available sick leave, they may be placed on leave in accordance with applicable collective bargaining provisions or Executive Orders.

#### 5. TEMPORARY EXEMPTION FROM COVID-19 VACCINATION OR TESTING

- a. Employees may request a temporary exemption from the vaccine or testing requirement where medical reasons prevent the employee from getting the vaccine or taking the test. The request must include written documentation from a licensed physician of the reason the employee cannot take the vaccine by the specified deadline or cannot take a weekly test.
- b. Below is a list of non-exhaustive examples of situations in which temporary exemption may be applicable:
  - i. Employees who are in medically directed quarantine or isolation for COVID-19 may not leave their residence to get vaccinated. These employees may be granted temporary exemptions from getting vaccinated.
  - ii. Employees who were diagnosed with COVID-19 and received antibody treatment may not be vaccinated until 90 days after the last day of their antibody therapy. These employees may be granted temporary exemptions from getting vaccinated and from the weekly testing requirement.
  - iii. Employees with exemptions from the Mandatory COVID-19 Vaccination for Current HHSC Employees policy, who are in medically directed quarantine for COVID-19 may be tested in accordance to instruction from licensed physician or the Department of Health. These employees may be granted temporary exemptions from getting vaccinated.
  - iv. Employees with exemptions from the Mandatory COVID-19 Vaccination for Current HHSC Employees policy, who have tested positive for COVID-19 may be exempt from weekly testing for a period of 90 days following their initial positive test.

#### 6. QUESTIONS

An employee who has questions regarding this procedure, including its implementation, interpretation, application, or administration, should notify the respective Human Resources Office.

#### IV. **AUTHORITY:**

- U.S. Equal Employment Opportunity Commission

- Title VII of the Civil Rights Act of 1964
- American with Disability Act, Title I
- American with Disabilities Amendment Act of 2008
- State and Federal laws and regulatory agencies

**V. REFERENCES:**

- What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws.

**VI. ATTACHMENT(S):**

Attachment 1: HHSC COVID-19 Vaccination Attestation Form

Attachment 2: HHSC Request for a COVID-19 Vaccination Medical Exemption Form

Attachment 3: HHSC Request for Religious Exemption from Mandatory COVID-19  
Vaccination & Reasonable Accommodations Request Form



**HAWAII HEALTH SYSTEMS CORPORATION (HHSC)  
COVID-19 VACCINATION ATTESTATION FORM**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

Pursuant to the Mandatory COVID-19 Vaccination for Current HHSC Employees policy, all HHSC employees must be vaccinated against COVID-19. The only exemptions are for those who have received approval for a religious or medical exemption.

To confirm that you are in compliance with the Mandatory COVID-19 Vaccination for Current HHSC Employees policy, please complete and sign the section of the form that applies to you ("Vaccinated" or "Unvaccinated"). Return the completed form to the regional Employee Health Office or designated department no later than **September 7, 2021**. Failure to return the form by **September 7, 2021**, will result in appropriate action taken against you, which may include separation from employment.

**IF YOU ARE FULLY OR PARTIALLY VACCINATED AND WILL BECOME FULLY VACCINATED:**

Complete this section to certify that you have received at least one dose of a COVID-19 Vaccine and will receive the 2<sup>nd</sup> dose of a two-dose vaccine by **September 30, 2021**.

Place a large "X" in Box A if one of the statements below is true:

- I have received both doses of a two-dose vaccine (Pfizer or Moderna), OR
- I have received one dose of a single dose vaccine (Johnson and Johnson)

**Box A**

Place a large "X" in Box B if BOTH statements below are true as of **September 7, 2021**:

- I have received one dose of a two-dose vaccine (Pfizer or Moderna), AND
- I will receive the 2<sup>nd</sup> dose by **September 30, 2021**.

**Box B**

I certify that the information provided is true and correct. In addition, I am including proof of my COVID-19 vaccination record. Additionally, if I have checked Box B, I understand that I am required to get the 2<sup>nd</sup> dose of the COVID-19 vaccine by **September 30, 2021**. I understand that if I do not provide proof of my vaccine or I do not get the 2<sup>nd</sup> dose of a two-dose COVID-19 vaccine by **September 30, 2021**, appropriate action will be taken against me, including separation from employment. Providing false, inaccurate, or incorrect information will be subject to appropriate action against me, including separation from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF YOU ARE UNVACCINATED AND/OR WILL NOT BECOME FULLY VACCINATED:**

Complete this section if you have **not** received at least one dose of a COVID-19 Vaccine or have only received one-dose of a two-dose vaccine and will **not** receive the second dose by **September 30, 2021**.

Place a large "X" in box C if the following statement is true:

- I intend to, or will submit, a request for a religious or medical exemption from the COVID-19 Vaccine Mandate.

While your request is pending, and if it is approved, you will subject to weekly COVID-19 testing.\*

If your request is denied, you will be subject to appropriate action, which may include separation from employment.

**Box C**

Place a large "X" in box D if BOTH statements below are **true**:

- By September 7, 2021, I have **not**, and will **not**, receive two doses of the two-dose vaccines (Pfizer or Moderna), one dose of the one-dose (Johnson and Johnson), or one dose of the two-dose vaccine—and I will not receive the second dose by September 30, 2021\*, AND
- By September 7, 2021, I will **not** submit a request for religious or medical exemption from the COVID-19 vaccine mandate.

**Box D**

If you check Box D, you shall be subject to weekly testing; otherwise, appropriate action will be taken and your employment may end.

I certify that the information provided is true and correct and understand the consequences of my unvaccinated status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Temporary medical exemptions from completing the COVID-19 vaccine or testing requirement may be granted as indicated in HR 0028B, Section III.5. The reasons may include, but are not limited to, the employee not being able to obtain a COVID-19 vaccine by the deadline because the employee is in quarantine. Written documentation from a licensed physician which confirms the reason for the temporary exemption must be provided.

**HAWAII HEALTH SYSTEMS CORPORATION (HHSC)**  
**Request for a COVID-19 Vaccination Medical Exemption Form**

**Part A: To Be Completed by Employee**

Please initial *each* statement.

- \_\_\_\_\_ I request exemption from the COVID-19 vaccination requirements due to my current medical condition. I understand and assume the risks of non-vaccination.
- \_\_\_\_\_ I understand that my failure to submit acceptable medical documentation from my health care provider will result in my request for exemption being denied.
- \_\_\_\_\_ I understand that my request for exemption (through this form) must be submitted by September 21, 2021.
- \_\_\_\_\_ I understand that Hawaii Health Systems Corporation (HHSC) might require updated forms and/or additional information, and I agree to provide such forms and/or additional information if requested.
- \_\_\_\_\_ I understand that, if granted an exemption, I may be required to undergo periodic COVID testing, wear a face covering when on-duty and/or comply with other safety or preventive measures.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

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**Part B: To Be Completed by Employee's Health Care Provider:**

HHSC requires COVID-19 vaccinations for all employees, unless an exemption/accommodation is granted. Please complete the form below with regard to your patient's request for a medical exemption/accommodation.<sup>1</sup> If you have any questions, please contact the regional Employee Health/Infection Control Office or designated department.

Patient Name: \_\_\_\_\_

If the patient should not be vaccinated against COVID-19, please check the applicable box(es) and explain:

- The patient has a history of severe allergic reaction to a component of a COVID-19 vaccine.

\_\_\_\_\_

<sup>1</sup> The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Identify the component(s) to which the patient has had a severe allergic reaction, and which vaccine(s) contains such component(s):

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Explain the patient's history of severe allergic reaction to such component(s).

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- The COVID-19 vaccine is not safe for the patient due to the patient's disability or serious medical condition.

Explain the nature and probable duration of the disability or serious medical condition:

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Explain why such disability or serious medical condition makes it unsafe for the patient to receive the COVID-19 vaccine:

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Name of Medical Provider and certification (MD, DO, NP, PA):

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Provider Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**HAWAII HEALTH SYSTEMS CORPORATION (HHSC)**  
**Request for Religious Exemption from Mandatory COVID-19 Vaccination & Reasonable Accommodations Request Form**

Please initial *each* statement:

- \_\_\_\_\_ I request exemption from the COVID-19 vaccination requirements due to my sincerely held religious beliefs. I understand and assume the risks of non-vaccination.
- \_\_\_\_\_ I understand that my failure to submit acceptable certification will result in my request for exemption being denied.
- \_\_\_\_\_ I understand that my request for exemption (through this form) must be submitted by September 21, 2021.
- \_\_\_\_\_ I understand that Hawaii Health Systems Corporation (HHSC) might require updated forms and/or additional information, and I agree to provide such forms and/or additional information if requested.
- \_\_\_\_\_ I understand that, if granted an exemption, I may be required to undergo periodic COVID testing, wear a face covering when on-duty and/or comply with other safety or preventive measures.

Please answer the following questions. Use additional sheets if needed.

1. Do you have a sincerely held religious belief that prevents you from getting the COVID-19 vaccine? If "no," do not answer any further questions. If "yes," answer the questions below.  
\_\_\_\_\_
2. What is the sincerely held religious belief?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How have you sincerely held this religious belief, and for what period of time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Why does this religious belief prevent you from getting the COVID-19 vaccine?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the above is true and accurate and that I hold a sincere religious belief that is contrary to the practice of vaccination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**EXEMPTION DETERMINATION**

The requested exemption is granted

The exemption is granted for the period of: \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

Recertification required on an \_\_\_\_\_ basis.  
(Frequency)

The requested exemption is not granted or warranted due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REASONABLE ACCOMMODATION DETERMINATION**

The request for reasonable accommodation is approved as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The request for reasonable accommodation is denied for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you disagree with my determination, you may present additional information to me within ten (10) days of the date of this determination to further substantiate your request. If you would like to submit a request for reconsideration, the completed forms must also be received within (10) days deadline. Please call me at \_\_\_\_\_ to discuss the above decision.  
(Telephone/Ext.)

\_\_\_\_\_  
Regional Chief HR Officer/Designee      Date