

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

School, College or Division: \_\_\_\_\_ Department: \_\_\_\_\_

Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Human Resources Business Partner (HRBP): \_\_\_\_\_

The [UC SARS-CoV-2 \(COVID-19\) Vaccination Program](#) represents an important mitigation against the spread of COVID-19 in our campus community. Individuals covered by this policy are Personnel, Students, or Trainees who physically access a University Facility or Program in connection with their employment, appointment, or education/training.

A Covered Individual is required to submit proof of Full Vaccination or request an Exception or Deferral, and comply with non-pharmaceutical interventions such as regular asymptomatic testing and masking.

This form verifies and confirms that the employee above is not required or expected to physically access a University Location or Program for any work, research, or education/training related purpose, and therefore is not a Covered Individual subject to the requirements of the UC SARS-CoV-2 (COVID-19) Vaccination Program for the period of time indicated below.

**Supervisor Completes**

*Explain why the above named employee will not need to access campus to perform their job duties.*

Indicate the date through which the employee will not be accessing campus.

By signature below, the employee, supervisor, HRBP, and Executive of Department verify the employee listed above falls outside the scope of the UC SARS-CoV-2 (COVID-19) Vaccination Program for the time indicated, because the employee will not physically access a University Facility or Program.

NOTE: If the employee will need to physically access a University Facility or Program during the time frame indicated above, the employee must be compliant with the UC SARS-CoV-2 (COVID-19) Vaccine Program requirements and will be subject to consequences, up to and including dismissal, for non-compliance.

\_\_\_\_\_  
Employee ([how to create a digital signature](#)) Date

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
HRBP Date

\_\_\_\_\_  
Executive of Department (SMG Department Head, Chancellor, Vice Chancellor, Provost, Vice Provost, Dean) Date