

## **Request Legal Exemption to Vaccination Records**

November 1, 2021

Requesting legal exemption to vaccination requirement- SoarHR Employee Self Service

Important Notice: You must complete the corresponding exception form (medical, religious or workrelated) found on the HR website under the COVID-19 FAQs tab in advance of this process so that you are able to upload it as part of your submission. This form is required to be attached in order to receive consideration for an exception. Also note that the medical exception requires a second form that is to be completed by your healthcare provider and that too must be uploaded with your submission.

Log in to SOARHR!! Click <u>here</u> (https://soarhr.usm.edu) to sign into SOARHR.



5.	Click the <b>Add Vaccination</b> button.									
	HOM Insurance     Vaccinations     Protected     Protected									
	Vaccine Details No vacchatoris reported.									
	Add Viscolination									
6.	Click the Vaccine dropdown and select COVID-19 from the list.									
7.	Check the <b>Decline Vaccine</b> box.									
8.	Click Continue.									
	Cancel     Add Vaccination     Continue       "Vaccine     COVID-19     Image: COVID-19       Image: Covid Decime Vaccine     Image: Covid Decime Vaccine     Image: Covid Decime Vaccine									
9.	Reason: Select the appropriate reason that corresponds with the exception you are requesting: medical, religious or work-related									
10.	Comments: List any relevant information that needs to be communicated with Human Resources (optional, not required).									
11.	Click the Add Attachment button.									
	<b>NOTE</b> : The attachment is required. You must attach the corresponding request form to this submission, which can be found on the HR website on the COVID-19 FAQs tab. You will not be able to complete the process without uploading documentation.									
	Cancel Vaccine Details									
	Vaccine COVID-19 Date 10/23/2021									
	Decline Vaccine									
	Comments									
	100 characters remaining									
	Attachments You have not added any Attachments.									
	Add Attachment									
	Acknowledgement									
	USM is committed to protecting your privacy and ensuing that your health information is disclosed appropriately. The Privacy F your health information by our company and outlines your rights with regard to your health information. By certifying below, you accurately and understand that providing incorrect information can be dangerous to your health and others.									

12.	Click <b>My Device</b> button.								
	Choose From								
	My Device								
13.	Select your documentation from its location on your device and then click the <b>Upload</b>								
	button.								
	File Attachment								
	My Device								
	Upload Clear								
	Sample COVID-19 Card.docx         File Size: 447KB								
14.	Once the documentation is successfully uploaded, you will get an Upload Complete status message.								
	Click the <b>Done</b> icon in the upper right corner.								
	File Attachment								
	Choose From								
	My Device								
	Sample COVID-19 Card.docx File Size: 447/R								
	Upload Complete								

15.	Verify t stateme Save in You wil success informa	he documentat ent and the Cer the upper righ I receive a conf fully to Human	tion is at tificatio t corner ïrmatior Resource have to	tached, the n Statemer n email onc ces. Humai decline the	en review th nt. Click the e your infor n Resources information	e Privacy <b>Certifica</b> mation h will noti	y Acknowle ation check has been su fy you if th	edgeme <b>box</b> an Ibmittee ey need	nt 1d then click d d more to check	(
	your en	nail for notices	until yo	u are confir	med approv	ved.	, , , , , , , , , , , , , , , , , , ,			
		Cancel		Vacc	ne Details			Save		
			Location	Workplace	~					
			Location Name	Hattiesburg	Q					
			Address	118 College Drive Hattiesburg, MS 39406 Forrest						
			Comments		100 characters remaining			- 1		
		Attachments			5					
		Add Attachment						1 row		
		Attachments 🗘	Description 🗘			Attached By 🗘	Attached On $\Diamond$			
		Sample_COVID-19_Card.docx	COVID-19_Card.docx COVID-19 Vaccination Record Card				10/23/21 12:45:11 PM	Ē		
		Acknowledgement USM is committed to protecting your your health information by our compa accurately and understand that provi	privacy and ensuring my and outlines your ding incorrect informa hereby certify that t	that your health information i rights with regard to your hea tion can be dangerous to you he information being subm	s disclosed appropriately. The th information. By certifying be r health and others. itted is true and correct to t	Privacy Policy identifies low, you acknowledge ne best of my knowle	all potential uses and disclo hat you have updated this fo dqe.	osures of orm		