



**COVID-19 VACCINATION
WORK-RELATED EXCEPTION REQUEST**

Emp ID: _____

Name (Last, First): _____

Title/Position: _____

Contact Phone Number: _____

Contact Email: _____

Department: _____

Supervisor: _____

Based on the nature of my work and the location where it is performed, I am requesting a work-related exception in connect with the federal COVID-19 vaccination requirement:

- I do not work on a federal contract or perform any type of support work for a federal contract, such as providing human resources, billing or IT related services, etc.
- I do not ever work on or travel to any USM campus, location, or property, including non-traditional property like research vessels, at any time for any reason.

Please explain the location of where your work is performed:

Please explain your work duties:

Verification and Accuracy

I certify that the above information is true and correct, and that I am applying to obtain a work-related exception from the federal COVID-19 vaccination requirement.

Employee Signature: _____

Date: _____