



Employee COVID-19 Vaccination Exemption Form

In order to protect the health and safety of our community, Western Oregon University requires all students and employees to be vaccinated against COVID-19. If you would like to request an exemption from this vaccine requirement please complete this form and return it to Human Resources via the [Human Resources Form Submission Portal Channel](#).

Section 1: Employee Name and Identifying Information

Employee Name		University ID #	
		V	
Department / Division		Employee Classification	
		<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Faculty <input type="checkbox"/> Other	
Supervisor Name			

Section 2: Exemption Status

Medical Exemption
I attest that: <input type="checkbox"/> I received require a medical exemption due to _____. <input type="checkbox"/> I have viewed the educational video .
Non-Medical Exemption
I attest that: <input type="checkbox"/> I require a non-medical exemption due to _____. <input type="checkbox"/> I have viewed the educational video .
Note: I understand that if I claim a non-medical exemption due to emergency use authorization (EUA) status of the COVID-19 vaccine(s), I will need to submit a new form at the time the EUA expires.

Section 3: Incentive Election

I would like my \$50 incentive: added to my paycheck made as a donation to the WOU Foundation

Section 4: Signature

- I understand that claiming a vaccination exemption may require I adhere to additional public health and safety requirements in the workplace (ex. wearing a face covering).
- I attest that the statements above are true and complete. I understand that if I falsify this information I may be subject to discipline leading to and including termination.

Employee Signature	Date