

## Face Covering Exemption Request

| I. EMPLOYEE DATA                                    |  |                         |  |
|---|--|-------------------------|--|
| <b>Employee Name:</b>                               |  | <b>Date:</b>            |  |
| <b>Position:</b>                                    |  |                         |  |
| <b>Contact Information:</b><br><i>(email/phone)</i> |  |                         |  |
| <b>Department:</b>                                  |  | <b>Supervisor Name:</b> |  |

| II. Request for Exemption from Requirement to Wear a Face Covering for On-site Work  |
|--|
| Until notified otherwise, employees are required to wear masks or face coverings that cover the mouth and nose when on campus and in the presence of others or in settings where 6 feet of social distancing cannot be maintained. |
| <i>Please indicate below if you are requesting not to wear a face covering when working on-site</i>  |
| <input type="checkbox"/> <b>Requesting for a Medical Reason (Please include documentation from your healthcare provider.)</b><br><br><input type="checkbox"/> <b>Requesting for a Non-Medical Reason (Please explain below.)</b>   |

| III. SIGNATURE  |  |              |  |
|---|--|--------------|--|
| <b>Employee Signature:</b>  |  | <b>Date:</b> |  |
| Please submit this completed request form to Kay Faircloth ( <a href="mailto:jfaircl6@uncfsu.edu">jfaircl6@uncfsu.edu</a> ) in HR for review. Your request will be discussed with your supervisor. You will receive a written response to your request. |  |              |  |

| IV. HR USE ONLY  |                           |  |              |
|--|---------------------------|--|--------------|
| <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b><br><input type="checkbox"/> <b>Approved with Modification(s)</b> | <b>HR Representative:</b> |  | <b>Date:</b> |
| Explanation (for modified approval or denied request):   |                           |  |              |
|  |                           |  |              |