



**EMPLOYEE REQUEST FOR EXEMPTION FROM COVID-19 FACE COVERING REQUIREMENT**

To comply with state and county public health orders, Colorado State University requires students and employees, including faculty and student employees, to wear a face covering in accordance with University policy to reduce the risk of spreading COVID-19 to other employees, students, and visitors to University property. Colorado State University acknowledges that many of our employees experience mental and/or physical impairments that either impede their ability to wear a face covering or that may be significantly impacted by wearing a face covering. An employee may request an exemption from wearing a face covering, with appropriate medical documentation, and request an alternative face covering, such as a face shield, or other temporary work adjustment to help reduce the spread of COVID-19. Alternative face coverings and other temporary work adjustment requests must be analyzed on an individualized basis through an interactive process, facilitated by the Office of Equal Opportunity, between the employee and their department. Completing this form does not guarantee that a face covering exemption, alternative face covering request, or other temporary work adjustment request will be granted. More information is available at the following website: [CSU COVID Recovery Public Health Precautions](#).

**Employee Information**

Name: \_\_\_\_\_ Employee ID # (9 digits): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Where Face Coverings Are Required**

Students and employees are required to wear face coverings in the following locations and situations on all University property, following public health orders from the county and state:

- All indoor spaces including but not limited to hallways, dining halls, classrooms, residence halls, and offices.
- All outdoor spaces on all campuses when physically distancing is not possible.
- This includes wearing a face covering while teaching.

**Face coverings are not required in private, unshared offices when occupied by a single person.**

**Employee Certification**

**I hereby certify:**

- I am unable to wear a face covering due to a mental or physical impairment. I am able to wear an alternative such as a face shield as an adjustment.
- I am unable to wear any type of face covering due to a mental or physical impairment and am requesting the following temporary work adjustment. **Employees who are unable to wear any type of face covering due to a mental or physical impairment and request a temporary work adjustment may be asked to provide additional medical documentation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Care Provider Certification (Required)**

**I hereby certify:**

- The above-named individual is unable to wear a face covering due to a mental or physical impairment. The individual is able to wear an alternative such as a face shield as an adjustment.
- The above-named individual is unable to wear any type of face covering due to a mental or physical impairment.

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Care Provider Name:** \_\_\_\_\_