EMPLOYEE REQUEST FOR EXEMPTION FROM COVID-19 MASK REQUIREMENT

Colorado State University requires students and employees, including faculty and student employees, to wear a face mask in accordance with the guidance issued by the Pandemic Preparedness Team to reduce the risk of spreading COVID-19 to other employees, students, and visitors to the 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 mask or that may be significantly impacted by wearing a face mask. An employee may request an exemption from wearing a face mask, with appropriate medical documentation, and request a temporary work adjustment to help reduce the spread of COVID-19. 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 temporary work adjustment request will be granted. More information is available at the CSU COVID Information and Resources website.

Employee Information

Name:_____ Employee ID #: _____

Email Address:_____ Home/Cell Phone: _____

Department:_____ Work Phone: _____

Position:_____ Supervisor: _____

Where Face Masks Are Required

Students and employees are required to wear face masks in the following locations and situations on all University property:

- All indoor spaces including but not limited to hallways, classrooms, residence halls, and offices.

Face masks 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 mask due to a mental or physical impairment.

☐ I am requesting the following alternate work arrangement and acknowledge I **must provide medical documentation.**

_____

_____

Employee Signature: _____ **Date:**_____

Health Care Provider Certification (Required)

I hereby certify:

☐ The above-named individual is unable to wear a face mask due to a mental or physical impairment.

Health Care Provider Signature: _____ **Date:** _____

Health Care Provider Name: _____