

LA SIERRA UNIVERSITY DEFERRAL REQUEST FORM

The health of our community is our first priority at La Sierra University. An employee or student who has not been vaccinated against COVID is at greater risk of becoming ill or spreading COVID to others. COVID can, at times, have severe and potentially fatal consequences to their health, and/or to the health of any other person to whom the student or employee would inadvertently pass the disease. In this spirit, the university requires all employees and students to be vaccinated

EMPLOYEE/STUDENT NAME	EMPLOYEE/STUDENT ID
JOB TITLE (IF APPLICABLE)	LOCATION
DEPARTMENT (IF APPLICABLE)	SUPERVISOR (IF APPLICABLE)
PHONE NUMBER	EMAIL

This form should be used by University employees and students to request a Deferral of the COVID-19 vaccination requirement in the University's Policy.

☐ I am currently in the process of scheduling my vaccination appointment and/or in the process of getting fully vaccinated and am requesting a Deferral of the COVID-19 vaccination requirement during this time. My anticipated date is:

While my request is pending, I understand that I must comply with **ALL UNIVERSITY** safety protocols (e.g., face coverings, weekly saliva testing, daily Wellness screening survey) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any University Location/Facility or Program. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by the University. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by La Sierra University as a condition of my Physical Presence at any University Location/Facility or Program.

I verify the truth and accuracy of the statements in this request form.

Employee/Student Signature: _____ Date: _____

Date Received by University: _____ By: _____