



EMPLOYMENT &
HUMAN SERVICES

MEMORANDUM

Kathy Gallagher, Director

40 Douglas Drive, Martinez, CA 94553 • (925) 608-5000 • Fax (925) 313-9748 • www.ehsd.org

To: All Staff, Code 2A Date: September 17, 2021

From: Debora Boutté, Departmental Human Resources Officer II

Subject: Revised Mandatory COVID-19 Vaccination Exemption Request Form

Please find attached to this memo and [link](#) a revised Mandatory COVID-19 Vaccination Exemption Request Form. The revised form dated 9/13/2021 includes the employee ID and the employee's email address which is needed to notify the employee whether the exemption request is approved, denied, or requires further documentation.

If requesting due to a qualifying exemption (medical/religious) to the vaccination mandate, please complete the Exemption Request Form as soon as possible. As a reminder, the Exemption Request must be complete and detailed. The Medical Exemption requires a medical note from a licensed Medical Professional and the Religious Exemption requires details relating to your Religious Beliefs and how they are contrary to the COVID-19 vaccination requirements.

To streamline the review and response process, submit Exemption Requests using the following:

- Send your Exemption Request by email to Personnel Services at ever@ehsd.cccounty.us
- Create Subject Line: Employee's name: Mandatory COVID-19 Vaccination Exemption Request

We will send the Exemption Request to Risk Management immediately for review and respond as soon as possible to assist you with planning in meeting the mandate. Please note that you are still required to meet the October 4, 2021 deadline. If your exemption is approved, there is a requirement to wear your face masks at all times and submit to COVID testing at least weekly or as required by the law or health order.

Please Note: There are no exceptions for time off such as vacations in meeting the October 4, 2021 deadline.

If you have additional questions, please contact one of the following Personnel Staff:

- Lorie Rethage lrethage@ehsd.cccounty.us
- Marcie Clark mclark@ehsd.cccounty.us
- Michelle Fregoso mfregoso@ehsd.cccounty.us

County Administrator

County Administration Building
1025 Escobar Street, 2nd Floor
Martinez, California 94553-1229

Monica Nino

County Administrator

Contra Costa County



Board of Supervisors

John M. Gioia
1st District

Candace Andersen
2nd District

Diane Burgis
3rd District

Karen Mitchoff
4th District

Federal D. Glover
5th District

Mandatory COVID-19 Vaccination Exemption Request Form

I hereby acknowledge that Contra Costa County requires all employees to be vaccinated to stop the spread of the COVID-19 virus. **I understand that if my request for exemption is approved, I must have a qualifying exemption and I will be required to submit to weekly testing due to my unvaccinated status, or testing on a more frequent basis as required in any law or health order applicable to my position. I also understand that I must continue to wear a mask or other approved or required face covering at all times while working indoors with others.**

I am requesting an exemption from the COVID-19 vaccination requirement due to the following qualifying reason:

_____ Qualified Medical Reason. As required by Contra Costa County, I have attached a medical certification signed by my licensed physician, licensed nurse practitioner, or other licensed medical professional acting under the license of my physician affirming that I qualify for this exemption. This certification shall include the probable duration of my inability to receive the vaccine. (The medical certification should not describe the underlying medical condition or disability).

_____ Sincerely Held Religious Belief. My religious beliefs mandate that I decline vaccination because:

1. Identify your religion or religious belief system: _____

2. Describe the specific religious tenet, practice, or observation that conflict with the COVID-19 vaccination requirements and Explain how you adhere to it (Attach additional pages if necessary): _____

I declare under penalty of perjury that the foregoing is true and correct, and that this exemption request was executed on the date and at the location below.

Signature

Print Name

Classification and Employee ID

Department

Date

Executed at: _____, CA
City

Contra Costa County Email Address: _____

A copy of this exemption request form and supporting documents must be given to your departmental personnel officer.

If your request is approved, it is your responsibility to advise your direct supervisor that you have an approved exemption from the COVID-19 vaccination requirement and have provided the exemption request form to your departmental personnel officer.