

**Request for Accommodation:
Offsite Worker Exemption from COVID-19 Vaccination**

This form is to be completed by the employee (section 1) and the employee's Chair/CAO/DA (section 2). The employee must then submit the form to exemptionrequest@med.cornell.edu.

Section 1: To Be Completed by WCM Employee

Employee Name	<input type="text"/>		
Phone Number	<input type="text"/>	CWID	<input type="text"/>
Department	<input type="text"/>	Title	<input type="text"/>
Office Address	<input type="text"/>		

Employee Statement

I am requesting an offsite worker exemption from Weill Cornell Medicine's COVID-19 vaccination requirement.

I verify as per my current workplace agreement, my position is 100% remote, and at no time will I work on-site at WCM or partner institution work locations. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that the condition of my exemption from Weill Cornell Medicine's mandatory COVID-19 vaccination policy is dependent on my 100% remote work arrangement, and should my arrangement or position change, I will need to adhere to Weill Cornell Medicine's vaccination requirement.

Employee Signature	<input type="text"/>	Date	<input type="text"/>
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Section 2: To Be Completed by Chair/CAO/DA

Chair/CAO/DA Verification

The employee named above is requesting an offsite worker exemption to Weill Cornell Medicine's mandatory COVID-19 vaccination policy due to a 100% remote workplace agreement.

I verify this employee will work 100% remote, and should their work arrangement or position change, the employee will adhere to Weill Cornell Medicine's vaccination requirement.

Name (print)	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>		

Please submit your completed form to
exemptionrequest@med.cornell.edu
Questions? Contact exemptionrequest@med.cornell.edu

For WCM Use Only

Chair/CAO/DA verified Req #