

## Ferris State University Facial Covering Exemption Request Form

Name

Banner ID

Contact Phone Number

Position Title

Supervisor

Date

Have you been fully vaccinated?      Yes      No

**Exceptions:** (Choose one or more, and provide additional detail as necessary at the bottom):

A facial covering in the employee's work setting is prohibited by law or regulation (if so, specify the law or regulation).

Facial coverings are in violation of documented industry standards (if so, specify the documented industry standard).

A facial covering is not advisable due to the employee's specific health conditions (if so, identify the health condition and provide a letter from a health care provider).

There is a functional, practical reason for the employee to not wear a facial covering in the workplace (if so, identify the functional, practical reason).

Exception being requested:      Partial workday      Entire workday      Other

Reason for the exception (please explain):

I affirm that the information I have provided on or with this form is true to the best of my knowledge:

Employee digital signature:

**Please email this form to [HRLeaves@ferris.edu](mailto:HRLeaves@ferris.edu) for further review**