




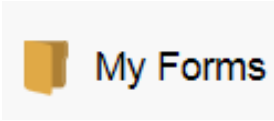
SAN DIEGO COMMUNITY COLLEGE DISTRICT

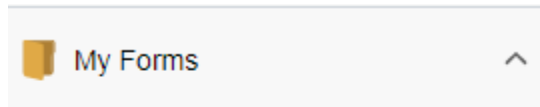
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HOW TO SUBMIT A VACCINATION EXEMPTION FORM

INSTRUCTIONS

These instructions will go over the process of submitting a vaccination exemption form.

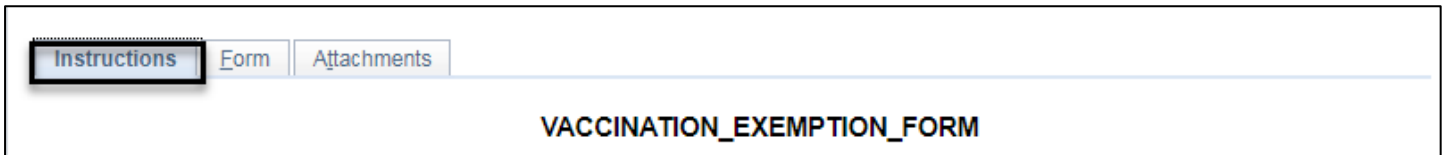
STEP	Instructions
1)	<p>Log in to PeopleSoft. Click on  and  navigate to:</p> <p>Employee Dashboard → My Forms → VACCINATION EXEMPTION FORM</p>



VACCINATION CONFIRMATION FORM

VACCINATION_EXEMPTION_FORM

STEP	Instructions
2)	<p>The VACCINATION EXEMPTION FORM is for employees who would like to request an exemption to SDCCD’s COVID-19 vaccination requirement for employees (revised effective 9/24/21).</p> <p>Select the Instructions tab and read the instructions prior to submitting your exemption form.</p>



VACCINATION_EXEMPTION_FORM

STEP	Instructions
3)	Select the Form tab to begin completing the Vaccination Exemption Form.

STEP	Instructions
4)	Under Subject , enter your first and last name.

[Instructions](#) | [Form](#) | [Attachments](#)

VACCINATION_EXEMPTION_FORM

*Subject

STEP	Instructions
5)	Under Due Date , enter the current date.

[Instructions](#) | [Form](#) | [Attachments](#)

VACCINATION_EXEMPTION_FORM

*Subject

Priority

Due Date 

STEP	Instructions
6)	Under Vaccination Exemption Request , select <u>one</u> of the following checkboxes:

Vaccination Exemption Request

I am requesting an exemption from the requirement to be fully vaccinated. I affirm I am telling the truth and I understand a false statement may be considered dishonesty and result in disciplinary action.

I understand that any permissions or accommodations that may be granted to me at this time are temporary and may be modified or revoked as considerations related to COVID-19 and related District policies, procedures and protocols change.

I have a medical condition that prevents me from being vaccinated at this time

The Risk Management Department will contact employees requesting medical exemptions and accommodations. Please provide your email address below.

Email Address:

I have a sincerely held religious belief that prevents me from being vaccinated at this time

Please attach a document explaining in detail how your sincerely held religious belief prevents you from being vaccinated.

STEP	Instructions
7)	If selecting the medical condition exemption checkbox, please provide the best contact email for the Risk Management department to contact you at with further instructions.

The Risk Management Department will contact employees requesting medical exemptions and accommodations. Please provide your email address below.

Email Address:

STEP	Instructions
8)	If selecting the religious exemption checkbox, please follow the steps below to attach a document explaining how your sincerely held religious belief prevents you from being vaccinated against COVID-19.

STEP	Instructions
9)	When the form is complete, select Save at the bottom of the Form tab.

STEP	Instructions
10)	Please note, after hitting Save, "Preview Approval" and "Submit" buttons will also pop up on the Form tab. Do not select either until completing the Attachments tab.

*Subject

Priority ▾

Status

Due Date

Do not select until after Attachments tab is complete.

STEP	Instructions
11)	Select the Attachments tab.

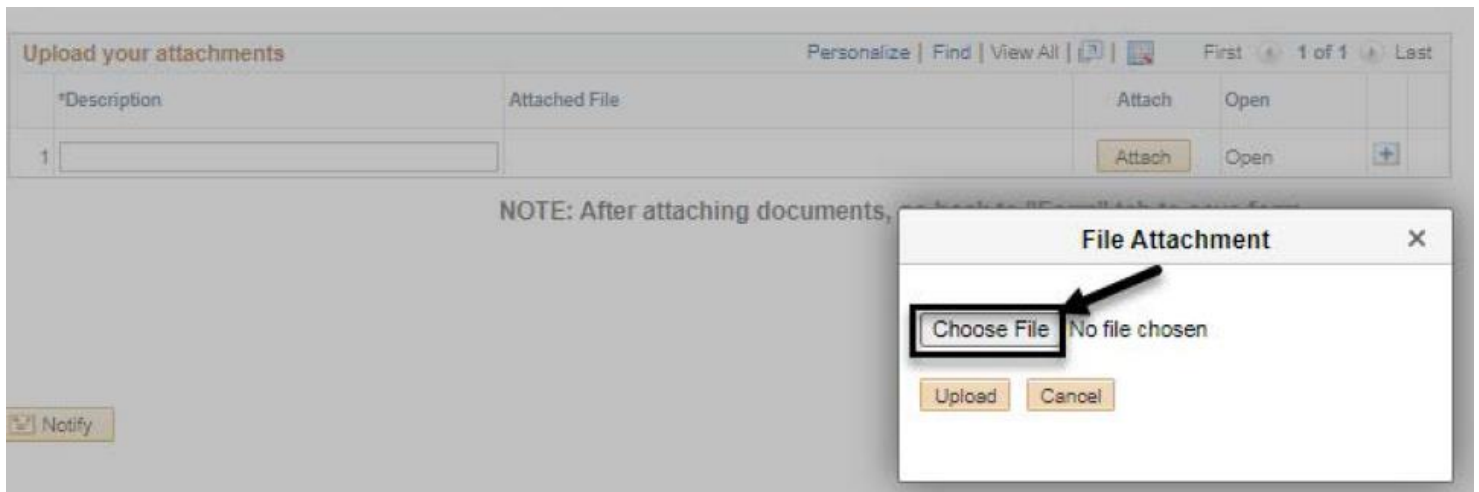
Seq Nbr 14 VACCINATION_CONFIRMATION_FORM

*Subject

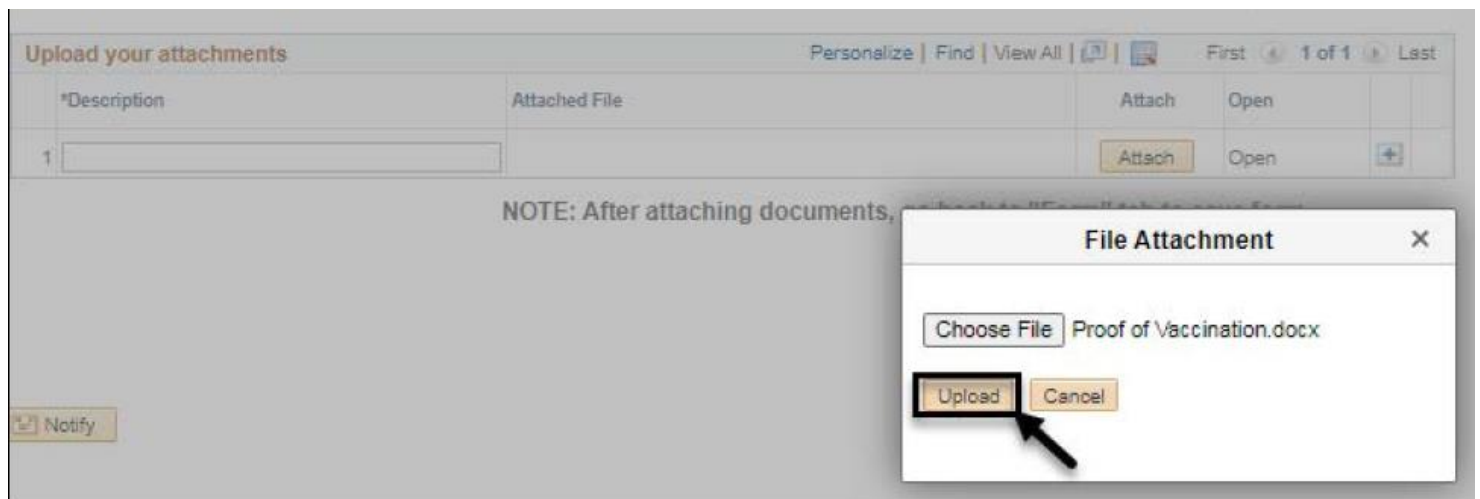
STEP	Instructions
12)	Under Upload Your Attachments, select Attach to upload your statement of religious belief.



STEP	Instructions
13)	Locate the document you would like to attach by selecting Choose File.



STEP	Instructions
14)	Select Upload to upload your proof of vaccination.



STEP	Instructions
15)	After uploading your statement, return to the Form tab.

STEP	Instructions
16)	Select Save at the bottom of the page. Then, select Submit at the top of the page.


Instructions **Form** Attachments

Seq Nbr 4584

VACCINATION_EXEMPTION_FORM

*Subject

Priority

Due Date 

Status Initial

STEP	Instructions
17)	You will receive an email notification once your form has been approved or denied.