



# Vaccine Mandate Limited Remote Working Exemption Request

Applicable: Faculty and Staff working entirely remotely

Doc Owner: Client Services

Reference:

[bringbackthepack.unm.edu/vaccine/vaccine-requirement.html](http://bringbackthepack.unm.edu/vaccine/vaccine-requirement.html)

Upload to: [goto.unm.edu/vaccineverification](http://goto.unm.edu/vaccineverification)

### PURPOSE:

This form is to be completed by UNM Faculty and Staff who work remotely and are requesting an exemption from the UNM COVID-19 Vaccine Mandate. This exemption means that the Faculty/Staff certify that they are working entirely remotely and will not access any University site or facility at any UNM campus location for any purpose. This form is separate from an exemption request for medical, religious, or Title IX purposes. Forms for such requests are available at [bringbackthepack.unm.edu/vaccine](http://bringbackthepack.unm.edu/vaccine).

### REQUIREMENTS:

- Exemptions are valid for a single semester only. Any continuing exemption authorization requires the completion, approval and uploading of a new form.
- Due to the requirements of the current State of NM Public Health Order, HSC employees are not eligible for the remote work exemption. Any exceptions for HSC employees must be approved by the HSC Sr. Executive Officer for Finance and Administration.

### INSTRUCTIONS:

- Faculty/Staff requesting exemption completes this form.
- Supervisor/Department Chair or Director reviews and approves exemption if in agreement.
- For Faculty, Dean reviews and approves exemption if in agreement.
- Faculty/Staff uploads this approved form at [goto.unm.edu/vaccineverification](http://goto.unm.edu/vaccineverification)

## EMPLOYEE INFORMATION

Name (Last, First): \_\_\_\_\_ Title: \_\_\_\_\_ UNM ID: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

The Semester I am requesting this exemption is for: \_\_\_\_\_ Year: \_\_\_\_\_

## ACKNOWLEDGEMENT

As an employee of The University of New Mexico (UNM) who is working remotely, I hereby request exemption from UNM's COVID-19 Vaccine Mandate.

**By requesting this exemption, I attest that I am working completely remotely, and that I will not access any University site or facility at any of our UNM campuses for any purpose. Should my work arrangements change, I further acknowledge that I will be subject to the full provisions of UNM's COVID-19 Vaccine Mandate.**

I hereby affirm by my signature that I will adhere to this agreement and understand that noncompliance could result in disciplinary action subject to the applicable policies, guidelines and or agreements. Should my situation change, I will consult with my supervisor/Department Chair or Director and appropriate Human Resources office.

Employee Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Chair/Director Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Dean Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(for faculty requests only)