Office of Technology Services

Request for Exemption from Emergency/Disaster Staff Scheduling Revision Date 10/20/2015

Section I: For Completion by OTS Employee

OTS Section/Unit: _____ Date: _____

Employee Name: _____
Last First Middle Initial

Employee ID: _____ Employee Job Title: _____

Section II: Non-Medical Justification

Employee: Please list any non-medical reason for exemption request in the space provided below:

Section III: Employee Certification

By my signature I certify the information provided on this form to be true and correct.

Employee Digital Signature & Date:

Section IV: For Office Use Only

Emergency/Disaster Exemption Review Dates

Request Received Date:	Review by Date:	Decision Date: ☐ Approved ☐ Declined
Approved To Date: 1/31/2016	Notification Date:	Appeal by Date:

OTS Committee Comments:

Signature of OTS Committee Head/Date:

Appeal Received Date:	Decision Date:	☐ Approved ☐ Declined	Notification Date:

CIO or his/her designee Comments:

Signature of OTS CIO or his/her designee/Date: