



Request for Exemption from Emergency/Disaster Staff Scheduling

Revision Date 12/08/2015

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

Table with 3 columns: Request Received Date, Review by Date, Decision Date; Approved To Date, Notification Date, Appeal by Date

OTS Committee Comments:

Signature of OTS Committee Head/Date:

Table with 3 columns: Appeal Received Date, Decision Date, Notification Date

CIO or his/her designee Comments:

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