

# Request for COVID-19 Vaccination Exemption

All questions must be answered in full, be legible, and submitted with appropriate supporting medical or applicable exemption information. Failure to meet these requirements or the employer's inability to reach the employee to obtain additional information, if required, may jeopardize the review and approval of the exemption request.

Please note the submission deadline of October 29, 2021 is to ensure adequate time for review and decision response.

In the event submissions are received after the Oct 29 submission deadline and not adjudicated by Nov 30, the employee will be required to produce a negative PCR (molecular polymerase chain reaction) or a Health Canada approved rapid antigen or rapid PCR test result, date stamped within 72 hours of every scheduled work day/shift on an ongoing basis. This test will be paid for by the employee and on their own time. Should a request not be adjudicated by Dec 14, the employee may be placed on a leave without pay

Employee Name:	Employee Number:	Ministry:
Position:	Home Phone:	Alt. Phone:
Manager Name:	Manager Phone:	

The Government of Alberta (GoA) has implemented a Proof of COVID-19 Vaccination Policy for Alberta Public Service (APS) employees that requires all employees to be fully vaccinated by November 30, 2021, or produce a negative PCR (molecular polymerase chain reaction) or a Health Canada approved rapid test result, dated within 72 hours of every scheduled work day/shift on an ongoing basis, effective December 14, 2021.

If further information or clarification is required after the exemption request form is submitted, the Disability Management representative will make reasonable attempts to contact you by telephone and/or email to discuss the information required. This may include collecting additional documentation.

It is important you understand that by submitting a request for exemption, this does not automatically entitle you to an exemption. Your request will be reviewed and a determination will be made based on an individualized assessment conducted by the GoA. You are required to facilitate the process by cooperating with the GoA's assessment of your exemption request. Failure to cooperate in the process could jeopardize the review and any approval of the exemption request.

*Employee Acknowledgement:*

*I have read and understand the content of this form. I consent to be contacted at the contact phone number and/or email that I have provided for this application.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit completed form to:**

**Wellness, Health and Safety**  
**VaccinationExemptionRequests@gov.ab.ca**

*All personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. It will be used by the Public Service Commission – Labour Relations, Policy and Programs Division in the administration and review of the Government of Alberta's COVID-19 vaccination policy exemption process. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the office of the Assistant Deputy Minister, Labour Relations, Policy and Programs, Public Service Commission, 7<sup>th</sup> Floor, Pease Hills Trust Tower, 10011 – 109 Street, Edmonton, AB, T5J 3S8.*

Classification: Protected A

# Request for COVID-19 Vaccination Exemption – Protected Ground

All questions must be legible, answered in full, signed and dated, and submitted by the employee by October 29, 2021. Failure to meet these requirements or the employer's inability to reach any or all parties on this form may jeopardize the review and any approval of the exemption request. Exemptions will be reviewed and assessed on the basis of a protected ground as per the [Alberta Human Rights Act](#).

This page must be completed by the Employee and sent to: [VaccinationExemptionRequests@gov.ab.ca](mailto:VaccinationExemptionRequests@gov.ab.ca)

Employee Name:	Date:
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What is the protected ground you are submitting for?

Please explain in detail how and why this protected ground makes you unable to be vaccinated.

Please provide any other relevant information or supporting documentation that is important for understanding your exemption application.

*Employee Acknowledgement:*

*I confirm that the information provided in this application is true, complete and accurate. I understand that if my request is successful, the Employer may still require me to follow other health and safety measures, including, but not limited to: COVID-19 testing as per the Employer's policy.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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