



COVID-19 Policy Exemption Request Form Designation as Need-to-Know for COVID-19 Vaccination Status

In order to provide a safe and healthy environment for our students and employees, University of the Pacific is requiring COVID-19 vaccinations for employees and students. To support compliance with this requirement, some Pacific employees will “need to know” the vaccination status of others. For example, if a work or study activity requires students or employees to be unmasked, the supervisor or faculty member may need to ensure any unvaccinated people are not sitting within 6 feet of others while unmasked.

Not all employees will have a need to know the vaccination status of others. The university will identify some employees who, based on their role at the university, will be provided this information, and they will be notified of their status by Human Resources.

Those who are not so notified may use this form to request access to this vaccination information. Once completed, it should be emailed to [Human Resources](mailto:human_resources@PACIFIC.EDU) at human_resources@PACIFIC.EDU. Faculty requests must include approval from the requestor’s dean.

Each request will be considered on the merits of the stated “need to know” and whether that knowledge significantly impacts the academic, residential, or work environment.

Requestor	
Name: _____	
Pacific ID: <u>98</u> _____	Email: _____@pacific.edu
I am <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other _____	
Department and/or school/college: _____	
Supervisor’s name: _____	

Please provide an explanation for why you should be designated as a need-to-know individual for specific individuals (attach a separate sheet if necessary). Describe how this information will alter or modulate practices of behavior in the learning, living, and/or workplace.

List the names and ID numbers for all individuals you are requesting vaccination status information (attach a separate sheet if necessary). If you are requesting for an entire class, include each student’s name, ID, the term and CRN.

1. _____, 98 _____
 2. _____, 98 _____
 3. _____, 98 _____
 4. _____, 98 _____
 5. _____, 98 _____
- Term: _____ CRN#: _____

If designated as a need-to-know individual, I understand that the vaccination status of individuals is private and not to be shared, distributed, or otherwise disclosed to any other person, unless required before placement in a clinical rotation, internship, externship, or cooperative education experience. In the event I need to discuss with an individual their vaccination status, every reasonable effort will be made to ensure privacy.

Requestor’s signature	Date
Supervisor’s/Dean’s signature	Date

This section to be completed by Human Resources	
Request is <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
HR Rep: _____	Date _____