



**Employee Request to “Opt Out” of ECC’s COVID-19 Vaccination Requirement
Return Form to Human Resources**

To ensure and to protect students, faculty and staff against the continued and unnecessary spread of COVID-19, ECC has the following vaccination requirement for the Academic Year 2021-2022:

1. Students, faculty and staff must be fully vaccinated against COVID-19 and provide documentation to verify vaccination unless a medical or religious exemption is approved by the College. Fully vaccinated means that two weeks have passed after the second dose in a two-dose vaccine series (e.g., Pfizer or Moderna) or two weeks have passed after a single-dose vaccine (e.g., Johnson & Johnson/Janssen) OR
2. All unvaccinated students, faculty and staff are subject to weekly COVID-19 testing (PCR Tests) and must provide weekly test results to the College.
3. EMPLOYEES may request to “opt out” of ECC’s vaccination requirement so long as they understand and agree to weekly COVID-19 tests (PCR test) and provide weekly test results to the College. **ONLY EMPLOYEES** may request to “opt out” of the College’s vaccination requirement. **Individuals who are both students and employees of ECC cannot “opt out” of the vaccination requirement.**
4. While on campus, all students, faculty and staff must adhere to the College’s mask/face covering requirement.

Employee Request and Certification to “OPT OUT” of Vaccination Requirement:

I certify that I am aware of ECC’s vaccination requirement and am requesting to “opt out” of the College’s vaccination requirement. I understand and agree to get weekly COVID-19 tests (PCR Test) and to provide my weekly test results to the College. I also understand that I am still subject to the College’s mask/face covering requirement unless I have an approved medical exemption. I am also aware that my request to “OPT OUT” of the College’s vaccine requirement may be denied or revoked if I do not adhere to the College’s testing or masking/face covering requirements.

Name - Signed: _____ ECC# _____

Name (Last, First) Printed: _____

Department: _____

Date: _____

_____ APPROVED BY HR _____ Name of HR Representative

_____ DENIED BY HR