



COUNTY OF LOS ANGELES

REQUEST FOR RECONSIDERATION FOLLOWING DEPARTMENT DENIAL OF EXEMPTION TO COVID-19 Vaccination Policy

FROM:	EMPLOYEE	EMPLOYEE ID
	EMPLOYEE EMAIL	DEPARTMENT

Your request for reconsideration must be received by the Los Angeles County Department of Human Resources (DHR) within ten (10) business days after receiving a **Denial of Exemption** notice from your department. If you need additional time to submit your request, you may request an extension in writing to DHR. Requests for reconsideration, or requests for extensions must be submitted to reconsideration@hr.lacounty.gov or can be sent to:

Los Angeles County Department of Human Resources
Attention: Reconsiderations
510 South Vermont Avenue, 12th Floor
Los Angeles, CA 90020

Your request for reconsideration will be reviewed within thirty (30) business days of receipt; in addition, your department will be notified of your request for reconsideration. You and your department will be advised of the final determination in writing.

Please provide any additional information which should be taken into consideration. You may attach additional sheets/documentation as necessary.



COUNTY OF LOS ANGELES

REQUEST FOR RECONSIDERATION FOLLOWING DEPARTMENT DENIAL OF EXEMPTION TO COVID-19 Vaccination Policy

EMPLOYEE NAME	EMPLOYEE ID
DEPARTMENT	

While my request is pending, I understand that I must comply with the safety practices (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my employment. These required safety practices are defined by the Centers for Disease Control and Prevention, California Department of Public Health, California Department of Industrial Relations, Division of Occupational Safety and Health (Cal/OSHA), and Los Angeles County Department of Public Health. I also understand that I must comply with any additional applicable safety practices applicable to my circumstances or position.

If my request is granted, I understand that I will be required to comply with departmental safety protocols for unvaccinated employees as a condition of my employment.

Employee Printed Name	
Employee Signature	
Date	

FOR DEPARTMENT USE ONLY

Date Request Received	
Date Receipt of Acknowledgement was sent to Employee and Department	
Issued By (name and title)	

Date of Review	
Determination	
Date Notice of Determination was sent to the Employee and Department	
Issued By (name and title)	