



Inland Respite, Inc.

Request for Exemption from COVID-19 Vaccine

Name (print):	Date:
Employee ID:	Position:
Agency Name: INLAND RESPITE, INC	Work/Cell Phone:

I cannot receive the COVID 19 vaccine and request an exemption for the reason below.

- Religious
- Medical (Physician statement must be attached)

Respite Care Provider Signature:

Printed Name: _____

Signature: _____

Date: _____

HR USE ONLY

Date of initial request: __/__/__

Accommodation request:

- Approved __/__/__

Describe specific accommodation details: _____

- Denied __/__/__

Describe why accommodation is denied: _____

Corona Branch Office
1250 Corona Pointe #210
Corona, CA. 92879
(951) 353-1261

Corporate Office
340 Panno Drive Suite #6
Brawley, CA. 92227
(760) 351-0925

Palm Desert Branch Office
36943 Cook Street Suite #102
Palm Desert, CA. 92201
(760) 342-2290