

REQUEST FOR TEMPORARY OR LIMITED EXEMPTION FROM EMERGENCY DUTY

In accordance with Emergency Duty (DOHP 310-2), reporting for emergency duty is a condition of employment at the Department of Health. Exemptions from emergency duty may be granted on a temporary basis, for specific emergency duties or for the length of any continuous medical leave. Exemptions will generally not be granted for duties that staff routinely perform as part of their jobs during a normal workday.

There are two types of emergency duty responders:

- Emergency Duty Group 1 (EDG1) Responders Staff designated as EDG1 Responders are persons determined to be a deployable resource, able to deploy out of their county of employment or out of state. Being exempted from EDG1 does not automatically exempt an employee from EDG2.
- Emergency Duty Group 2 (EDG2) Responders Staff designated as EDG2 Responders are persons with emergency duty responsibilities within their county of employment. Staff may be exempted from certain emergency roles based on a medical condition, familial responsibilities, or other legitimate non-medical reason, but may be expected to perform duties similar to those they perform on a daily basis. Staff may be expected to work outside of normal work hours depending on the level of need within the county.

Staff may request an exemption from EDG1, EDG2 or from both. Only those on continuous medical leave will be exempted from all responsibilities related to EDG1 and EDG2. Documentation is required for any type of exemption.

- Medical Exemption: If you are requesting an exemption based on a medical condition or the medical condition of a family member, you must complete this form. Upon completion, mark the envelope "Confidential" and submit it directly to your servicing human resource office. If you are requesting an exemption based on a medical condition that you believe is a disability, you must complete this form along with the Americans with Disabilities Act (ADA) Request for Reasonable Accommodation packet and submit it directly to the Office of the General Counsel, Equal Opportunity Section (EOS). The ADA paperwork may be obtained by emailing <u>eo@flhealth.gov</u> or by visiting the EOS' SharePoint site. Any medical information you provide will remain confidential and be maintained in your confidential medical file in the servicing human resource office or in a confidential ADA file in the Office of the General Counsel, Equal Opportunity Section.
- Non-Medical Exemption: If you are requesting a non-medical exemption, you must complete this form and submit it to your immediate or higher-level supervisor for review and recommendation. The final decision will be made by the State Surgeon General, delegated authority, or designee. Non-medical leave may be granted on a temporary basis for a bona fide hardship that precludes the employee from working outside of normal business hours.
- If you are requesting medical or non-medical exemptions, you must complete the predeployment assessment form that is attached to this form.

Exemption requests must be resubmitted annually by May 1. Requests submitted after that date, will only be considered if you or your family member has an acute (not long-standing) condition.

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PLEASE COMPLETE THE FOLLOWING INFORMATION AND SUBMIT IT AS DESCRIBED ABOVE.

	PLEASE PRINT	
NAME:	DATE:	
POSITION #:	POSITION TITLE:	
EXEMPTION IS REQUESTED FROM	: TO:	[ADD DATES]
I AM REQUESTING A:		
	N NON-MEDICAL EXEMPTION	
I AM REQUESTING AN EXEMPTION documentation. Use additional sheets	from being deployed FOR THE FOLLOWING RE if necessary):	ASON(S) (Attach
SIGNATURE OF EMPLOYEE:	DATE: _	

MEDICAL E	XEMPTION				
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					ONNEL LIAISON OR EQUAL cemption request only):
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	EDG2	Dates:	to		_
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Date Div Dir	ector/County He	ealth Officer and E	mployee	notified of d	ecision (with copy to BPR):
COMMENTS	S:				
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RECOMME		MMEDIATE OR HI		EVEL SUPE	RVISOR
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	EDG2	Dates:	to		_
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EMERGENCY DUTY ASSESSMENT

Deploying to an area following a disaster, where you may encounter limited resources and certain physical hardships, may not be appropriate for all staff. Please review and completed the below Emergency Duty Assessment so you and your supervisor can evaluate your situation and determine where you can be the most useful to the response effort.

General and Personal Considerations Prior to Deployment

- □ I have made safe and dependable arrangements for children and/or adult dependents and pets. These arrangements may be for up to 14 calendar days (this includes 2 travel days).
- \Box I can easily extend these arrangements if I am unable to return when expected.
- □ I have made appropriate arrangements for mail delivery, newspaper, bill payments, medical/dental appointments, etc. based on a possible deployment of up to 14 calendar days (including 2 travel days), or longer if required.
- \Box I can go several days without a shower.
- □ I do not mind sharing sleeping quarters with other relief workers, male and female.
- □ I am able to sleep on a cot, if the need arises. (Note: sleeping accommodations are usually offsite, but under certain circumstances, deployed staff may be expected to sleep at a shelter, in a tent, or other structure used for response.)
- $\hfill\square$ I have a valid Driver's License.
- \Box I can operate vehicles other than a car or pickup truck. List:
- \Box I am willing to operate other vehicles if training is provided.
- □ I speak other languages besides English fluently. List:
- □ I have experienced a natural disaster or deployment. When and what was your experience?

Medical Considerations

For medical considerations, please submit an Emergency Duty Request for Exemption ticket.

Work Considerations

□ I have completed the National Incident Management System (NIMS) Incident Command System (ICS) 100 and 700.

□ I can work and sleep in a non-air-conditioned environment for an extended period of time. I understand this might mean working in extreme humidity and upwards of 100-degree weather during Florida summers.

 \Box I am able to stand for long periods of time.

- \Box I am able to work in areas with low lighting.
- \Box I am able to lift over 20 pounds.
- □ I am able to work in highly chaotic environments for long periods of time.

- $\hfill\square$ I am able to follow instructions and complete tasks in a timely manner.
- □ I am comfortable encountering disaster victims who do not speak English.
- \Box I have a state Purchasing Card (P-card).

Helpful Skills/Assets

- \Box I can handle stress.
- \Box I am a self-starter.
- □ I can multi-task.
- \Box I can handle a high activity level.
- \Box I can make and keep a commitment.
- \Box I can devote the time needed.
- \Box I am flexible to changing needs and environments.
- $\hfill\square$ I am able to work long hours.