

# SPOKANE COUNTY

HUMAN RESOURCES DEPARTMENT  
824 N. ADAMS ST.  
SPOKANE, WASHINGTON 99260  
TELEPHONE – (509) 477-2127/FAX– (509) 477-6042

## COVID-19 Facial Covering Requirement in the Workplace Request for Variance

Employee Name: \_\_\_\_\_ Last 4 SSN or Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Effective Monday, June 8, 2020 all Spokane County employees are required to wear a mask or cloth facial covering to address safety concerns related to the COVID-19 pandemic. Exclusions include when working alone in an office, vehicle, or at a job site, or by any individual who is deaf or hard of hearing – or who is communicating with someone – who relies on language cues such as facial markers and expression and mouth movements as a part of communication, or when the job has no in-person interaction.

Employees with a documented disabling condition under the Americans with Disabilities Act (ADA), where the condition precludes the wearing of a mask/facial covering, may request a variance from the above requirement. Please note: employees finding the wearing of a mask or facial covering to be inconvenient or against personal preference is not sufficient to satisfy an approval for variance from the current requirement.

To request a variance from the requirement described above, please complete the following:

I certify I have a disabling condition under the ADA which precludes the wearing of a mask/ facial covering as currently required by Spokane County.

*In typing my initials below, I attest the information presented above is correct and true. If it is later proven I presented false information, I may be subject to disciplinary action. I understand medical documentation may be required to support this request.*

EMPLOYEE INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_