# Please complete the below if you would like to apply for an exemption request.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Payroll ID** |  |
| **Relationship with Mater** | [   ] Mater staff[   ] VMO[   ] Contractor[   ] Student[   ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Exemption Reason** |  |
| **Attachment (supporting documents, if applicable)** | [   ] Yes |