



Supervisor's Employees Enrolled in COVID 19 Program
By "Supervisors Name"

Michigan Medicine
University of Michigan

Department ID	Department	Status	Name	Employee ID	Email	Compliant	Compliance Date	Weekly Testing Required	Deferred Date
Department ID	Department Name	Primary or Secondary Appointment status	LastName.First Name	12345678	uniquename@med.umich.edu address	<u>Compliant with COVID-19 Vaccination Policy</u> Yes = Compliant with the COVID-19 Vaccination Policy No = NOT Compliant with the COVID-19 Vaccination Policy	Date Employee becomes compliant with the COVID-19 Vaccination Policy	Yes = Weekly Testing is Required No = Weekly Testing is NOT required	A date will appear here if an employee has received an approved Deferral. The date shown would reflect when the deferral ends. The COMPLIANT column will change from Yes - Compliant to No - NOT Compliant once a deferral has ended. Employees with a deferred date must obtain the COVID-