

**EMPLOYEE'S APPLICATION FOR
EXEMPTION TO WEAPONS BAN**



Workplace Violence Prevention Policy
Attachment A
Revision Date: 12/03/2013
Page 1 of 2

Name: _____ EMPL ID: _____

Department and Division: _____ Bargaining Unit: _____

Phone Number (work): _____ Home or Cell: _____

Reason for exemption: Personal Work-Related

Type of weapon(s): _____

Please provide justification, documentation, and work-related purpose associated with this application for exemption to the Solano County Workplace Violence Prevention Policy. (Additional pages may be attached.)

If applicable, attach current Concealed Weapon Permit.

If application is approved, I have read and understand the following (please check all):

- This approval is discretionary and the County Administrator reserves the right to rescind approval at any time.
- If circumstances surrounding the justification as described above change and substantially alter the facts as presented, I will advise my director.
- I will maintain a current Concealed Weapons Permit, but if it is not renewed for any reason, I will report that status to my director immediately.

****INCOMPLETE FORMS WILL NOT BE PROCESSED****

Applicant's Signature: _____ Date: _____

Date Received by County: _____

- A. Distribution: 1) Department, 2) Human Resources, 3) Sheriff, 4) CAO, 5) return to Risk Management
- B. Risk Management will provide final signed copy to 1) and 2) above
- C. Department will provide final signed copy to Applicant

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Approved: Denied: Reason for Denial: _____

Approved: Denied: Reason for Denial: _____

Approved: Denied: Reason for Denial: _____

For County Administrator Office Use Only

County Administrator Determination:

Approved

Effective Date: _____

Rescission Date: _____

Denied

County Administrator Signature:

Printed Name: Birgitta E. Corsello

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- C. Department will provide final signed copy to Applicant