



Disaster Assistance Employee (DAE) Program 2025 Exemption Form

EOC-Essential employees are expected to participate in the County's Disaster Assistance Employee (DAE) Program unless a hardship is expressed and an exemption is granted due to a disability, serious health condition or special need of the employee or someone in their household. If you require an exemption, please complete this form and submit the request to your immediate supervisor and department director for approval along with the appropriate supporting documentation (refer to attached instructions). DAE Exemptions must be renewed each year by April 1st.

| | | | |
|----------------|--|--------------|--|
| Employee Name: | | Employee ID: | |
| Department: | | Title: | |

| | | | |
|---------------|--|---|--------------------------------|
| STEP 1 | I WOULD LIKE TO REQUEST THE FOLLOWING EXEMPTION: | | |
| | | Employee is the sole caregiver with child/children under the age of 18 living in the same household for whom they are the natural/adoptive parent or legal guardian. Provide number of children, age(s) and relationship: _____ | |
| | | Employee is the sole caregiver for a special needs member of the employee's immediate family. The definition of "immediate family" is available in the Administrative Leave Manual, Section 11.04.02. <u>Supporting documentation of special need is required (e.g., Certification of Healthcare Provider).</u> Provide relationship: _____ | |
| | | Employees with special needs or documented medical conditions that would prohibit them from performing the assignment. <u>A written statement from a medical professional that specifies the work restriction(s) is required.</u> | |
| | | Employee's spouse or registered domestic partner (provide department name _____ and employee ID# _____) has hurricane duty assignment in Miami-Dade County <u>and</u> the employee has dependent children under the age of 18 living in the same household for which they are the parent or legal guardian. <u>Note:</u> For employee's spouse or registered domestic partner outside Miami-Dade County, a written statement from the employer that specifies the work restrictions(s) is required. Provide number of children, age(s) and relationship: _____ | |
| | | Other reason for exemption (A written statement that specifies the work restriction(s) is required): _____ | |
| | I affirm that these statements are true. I understand that it is my responsibility to immediately report any changes that may invalidate the exemption request and that failure to do so may result in disciplinary action up to and including termination of employment. If I transfer to another department, I understand that a new request must be submitted for approval by the new Director. Employee Signature: _____ Date: _____ Supervisor Review: Name: _____ Signature: _____ Date: _____ DPR Review: Name: _____ Signature: _____ Date: _____ | | |
| STEP 2 | DEPARTMENT DIRECTOR: | | |
| | | Exemption request APPROVED | Exemption request NOT APPROVED |
| | _____ Department Director (Print Name) Signature Date | | |



Disaster Assistance Employee (DAE) Program Exemption Form Instructions

In order to protect and assist the community during a disaster (natural, technological or man-made), the Department of Emergency Management, at the direction of the Mayor, has created the Disaster Assistance Employee (DAE) Program. The DAE Program identifies County employees who may serve in various disaster preparedness and recovery roles. Employees who may have a hardship, may request an exemption from DAE participation by following the exemption procedures below.

County Employee Designation:

- Department Essential: Employees who are critical to the performance of their department's mission during disaster situations.
- EOC Essential: Employees who are not critical to the performance of their department's mission during disaster situations and therefore are available to be assigned to an emergency role.

Hardship Exemption:

Employees who may have expressed a hardship, disability, serious health condition or special need of the employee or someone in their household, upon request and approval by the employee's department director, may be eligible for an exemption to a DAE assignment.

Exemption Procedures:

- 1- Qualifying employees, must complete the Disaster Assistance Employee (DAE) Program - Exemption Form and submit proper supporting documentation that specifies the work restriction(s) to the immediate supervisor for review and signature.
- 2- The original Exemption Form signed by the immediate supervisor, and the supporting documentation, will be submitted to the DPR and the Department Director for review and final approval.
- 3- The DPRs should inform the employees whether the request for exemption was approved or denied.

Notes:

- 1- The exemption must be renewed each year, no later than April 1st.
- 2- It is the responsibility of the employee to report any changes that may invalidate the approved exemption. If the employee is transferred to another department, a new request must be submitted for approval by the new Department Director.