**Request for Religious Exemption from Vaccination**

[Insert brief statement of why policy will be adopted: safety, mandate, etc.]. Due to the importance of vaccination against COVID-19 for community health and our overall mission, exemptions will be granted on legally-required bases only. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“the Company”) is committed to providing a workplace free of discrimination, which includes a commitment to providing reasonable accommodations to the sincerely held religious beliefs, practices, and observances of our employees. To request an exemption from the required COVID-19 vaccination based on a sincerely held religious belief, please complete the form below and return it to the Human Resources Department. This information on this form will be used only to assess the employee’s reasonable accommodation request. You may attach additional pages as necessary.

**To be completed by employee**

|  |  |
| --- | --- |
| Name (print): | Date: |
| Dept.:  | Position: |
| Manager: | Work/Cell Phone: |

1.) Length of time the accommodation is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Long term exemption requests may still be subject to verification processes on an annual or other regular basis, or as circumstances dictate).

2.) Is your request pursuant to an established doctrine or practice of an organized religion (e.g., Dutch Reformed Church, Church of Christ, Scientist)? \_\_\_\_Yes. \_\_\_\_\_No.

If Your response to #2 is Yes, complete a-d below and sign at the bottom of this form. If your response to #2 is No, go to #3:

a.) Name of Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.) Description of Religious Doctrine or Practice that is contrary to the above-named vaccination(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c.) Citation to Religious Doctrine or Practice if published:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d.) If Employer has a question about the doctrine or practice, it may contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Phone Number of Clergy Member).

3.) a.) If your request is not pursuant to an established doctrine or practice of an organized religion, please summarize the basis of your request below.

b.) In some cases, the Company may need to obtain additional information or documentation about your practices or beliefs. If requested, can you provide documentation or other authority to support your belief(s) and need for accommodation? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_ No

**Verification**

I verify that the information I am submitting to substantiate my request for exemption from the Company’s vaccination policy is true and accurate to the best of my knowledge. I further authorize the religious authority I identify to provide the information requested on this form and follow-up/clarifying information related to this request as necessary. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that the Company is not required to provide this exemption if doing so is unreasonable, would pose a direct threat to myself or others in the workplace, or would create an undue hardship for the Company. I further understand that, if this request is granted, I may be subject to alternative measures to mitigate disease exposure and transmission.

|  |  |
| --- | --- |
| Employee Signature: | Date: |

**To be completed by the Review Committee (attach additional pages if needed)**

Date of initial request: \_\_/\_\_/\_\_\_\_ Date certification received: \_\_/\_\_/\_\_\_\_

Describe the requested exception:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation of impact (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome of Exemption Request:

* Approved: \_\_/\_\_/\_\_\_\_

If approved, describe specific accommodation details and additional safety or other protective measures that will be required, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Denied due to inability to grant; alternative agreed on: \_\_/\_\_/\_\_\_\_

Describe alternative accommodations available, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date discussed with employee: \_\_/\_\_/\_\_\_\_

Final accommodation agreed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Denied due to non-qualifying request: \_\_/\_\_/\_\_\_\_

Describe why request was non-qualifying (ex: not certified, unrelated to a religious belief or practice, follow up requests for information not responded to, information provided does not contraindicate vaccination):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Denied due to inability to grant; no available or mutually acceptable alternative: \_\_/\_\_/\_\_\_\_

Date discussed with employee: \_\_/\_\_/\_\_\_\_

If no accommodation identified by Company or employee, describe why the vaccine exemption would be unreasonable, pose an undue hardship, or a direct threat:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If alternative accommodations were proposed but rejected, summarize the proposal(s), identify who made the proposal(s), and the reason(s) for rejection.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Department/Facility Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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