



Part 1 – To Be Completed by the Employee

Request for COVID-19 Vaccine Exemption

Employee Name _____

Position: _____

Date of Request: _____

Department: _____

Supervisor: _____

Phone Number: _____

1. Please describe the nature of the religious beliefs that guide your objection to the COVID-19 vaccination requirement. Indicate how these beliefs conflict with the COVID-19 vaccination requirement. Documentation may be required to support your request.

2. How long have you held the religious belief underlying your objection?

3. if you do not have a religious objection to the use of all vaccines, please explain your objection to the COVID-19 vaccine.

4. Please provide any additional information that you think may be helpful in reviewing your request.

I declare to the best of my knowledge and ability that the foregoing is complete and accurate.

Employee Name

Employee Signature

Date



Part 2 – To be Completed by Personnel Staff

Request for COVID-19 Vaccine Exemption

Employee Name: _____ Date Request Form Received: _____

Interactive Process Description (include dates of meetings/conversations, documentation provided by the employee, and descriptions of any accommodations discussed and why they were accepted or rejected):

Exemption/Accommodation granted? Yes No
Describe Exemption/Accommodation:

If exemption/accommodation granted, list required alternative safety precautions required:

If exemption/accommodation not granted, explain why:

Staff Name: _____

Staff Signature: _____

Date: _____