**SAMPLE COVID-19 VACCINATION RELIGIOUS EXEMPTION REQUEST FORM**

FACILITY NAME promotes workforce diversity and an inclusive workplace for all employees as part of their equal employment opportunity commitments. If your religious beliefs or practices conflict with the COVID-19 vaccination requirement, please provide the following information.

***Basic Information***

Name: Date of Request:

Department: Position Title:

Immediate Supervisor: Supervisor’s Phone Number

***Preferred Contact Information* (Please complete)**

Phone Number: (

)\_ Email Address:

Mailing Address:

 ,

***City State Zip Code***

Do you have direct patient care?  Yes  No

* Please explain why you are seeking an exception by providing a personal written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to immunization, and the religious basis that prohibits COVID-19 vaccination. (Use space on page 3 & use additional sheet(s) if necessary):
* In some cases, FACILITY NAME may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). You may obtain and submit documentation from your religious organization that may include the following:
	+ Religious leader’s name (not related to you)
	+ Religious leader’s signature
	+ Name, address, phone number, and email of the religious organization
	+ Statement of certification that you are a member of the organization in good standing and hold a sincere religious belief
	+ A detailed explanation from your religious organization supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of COVID-19 vaccines
* Attach all supplemental materials you believe are helpful in reviewing and that support the request for an exemption; and
* Submit the completed documents to ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?

Yes No

If no, please explain why (Use space on page 3 & use additional sheet(s) if necessary):

Are you attaching any supporting documentation to this request? Yes No

***Verification and Accuracy***

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, including employment termination. I also understand that my request for an exception may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

**Signature: Date:**

**Print Name:**

***Summary of Next Steps***

1. This request will be reviewed with you and acknowledged by FACILITY NAME.
2. You will be notified of the decision regarding your requested exemption.
3. If you are granted a religious exemption, you *may be required* to wear PPE and be subject to weekly COVID-19 testing or as per state or federal regulations when working directly with patients, working in patient areas, or coming within 6 - feet of patients. In certain areas, where patients are exceptionally vulnerable, FACILITY NAME may not be able to reasonably accommodate unvaccinated employees.
4. FACILITY NAME will only reconsider a denial if you bring forth new information supporting your request.

**FOR EMPLOYER’S USE ONLY**

**Date Received**

**Initials of Recipient**

**Documentation Attached? Yes**

**No**

**SPACE FOR SUPPLEMENTAL INFORMATION**

**Employee Name**

 **FOR EMPLOYER’S USE ONLY TO BE COMPLETED BY FACILITY NAME**

**Exception Granted? Yes No If no, explain why:**