**Covid-19 Vaccine - Religious Exemption Request**

**(Company Name) Religious Exemption Request – COVID-19 Vaccine**

*This company is committed to diversity and inclusiveness of all our employees.  The company is also committed to safe conditions for customers and staff and has mandated COVID-19 vaccination for certain staff (check with legal counsel if mandating COVID-19 vaccines as the EEOC has not clearly indicated that these should be mandated while under an emergency authorization.)  If you have declined to receive a vaccine for religious reasons, please provide the following information (complete all sections).*

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I request a religious exemption from the COVID-19 vaccination. I hereby affirm that I am declining vaccination at this time because they conflict with my sincerely held religious beliefs and practices or membership in a church or religious body. I understand that this form must be completed and returned to the Human Resources Department by the published deadline. I also understand that if I am granted an exemption, I may be asked to take other steps to maintain a safe environment. If I am not granted an exemption, I must receive the vaccination as required by company policies and procedures.  Otherwise, the company may choose to take disciplinary action, put me in a more suitable role, place me on unpaid leave or terminate my employment.    Individual’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*This section to be completed by the individual requesting a religious exemption and/or their religious leader.*

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| The CDC and health departments all advise that the best way to prevent communication and spread of COVID-19 is vaccination and this company is choosing to require vaccines for certain positions.  The individual named above has requested a religious exemption. Please complete the bottom portion of this form so that we may consider this request (employee may also complete this portion. Failure to provide information below may result in exemption denial. If you have questions, please contact our HR Department for assistance.  **Explanation of Religious Belief**  Name of Religious Belief, Church, or Religious Body if applicable:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please explain the religious belief and how it relates to the COVID-19 vaccine.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Religious leader signature (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send completed form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by 5pm on \_\_\_\_\_\_\_\_\_\_\_.

via email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_