**Request for Accommodation: Religious Exemption from Vaccination**

To request an exemption from required vaccinations, please complete the form below and return this form to the human resources department.

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

I am requesting a religious exemption from [Company Name]’s mandatory vaccination policy for the following vaccination(s):

Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflicts with the vaccination requirement:

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

* How long you have held the religious belief underlying your objection.
* Whether your religious objection is to the use of all vaccines, a specific type of vaccine or some other subset of vaccines.
* Whether you have received vaccines as an adult against any other diseases.

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I verify that the information I am submitting to substantiate my request for exemption from [Company Name]’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that [Company Name] is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for [Company Name].

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

**HR USE ONLY**

Date initial received: \_\_/\_\_/\_\_\_\_ Date any additional documentation received: \_\_/ \_\_/ \_\_\_

Accommodation request:

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

Describe specific accommodation details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Denied \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_