

RELIGIOUS EXEMPTION REQUEST FORM
PROCLAMATION 21-14.1 (VACCINE REQUIREMENT)

[INSERT DATE]

The _____ (name of school) will provide reasonable accommodations to qualified applicants and employees with religious beliefs, unless providing such accommodations would pose an undue hardship.

Instructions for employees:

Below are initial intake questions for you to respond to in requesting a sincerely held religious belief exemption pursuant to Proclamation 21-14.1 exemption.

Please return this form and your response to **[insert name and mailing address of employing school]**. Please complete your response no later than **[insert date]** to help us assure timelines for response can be met. To avoid delay, please feel free to electronically transmit your response to the following fax number: **[insert fax number]** or through secure email transmittal. If you have any questions or need more information, please do not hesitate to contact **[insert name of responsible school personnel]** at **[insert phone number(s), or at email address(es)]**.

Questionnaire:

1. Employee name and Personnel Number: _____.
2. You, _____ [employee name], assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine. YES NO
3. You, _____ [employee name] affirm/agree that you have never received a vaccine or medicine from a health care provider as an adult. YES NO

In most circumstances, the _____ (School) will need to obtain additional follow up information about your sincerely held religious belief(s). The [School] will reach out to you if additional information is needed to process this request.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Employee Signature

Date