



**REQUEST FOR EXEMPTION**

**Religious COVID-19 Vaccination Exemption**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

Under Title VII of the Civil Rights Act, the Americans with Disabilities Act and the California Fair Employment and Housing Act, a person may be entitled to an exemption from mandatory COVID-19 vaccination on religious grounds, if the objection to the vaccination is either based on (1) a person’s sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or (2) beliefs, observances, or practices which an individual sincerely holds and that occupy a place of importance in that individual’s life, comparable to that of traditionally recognized religions. At PVAC, we are committed to respecting these important legal protections for religious liberty in all our policies.

To determine if you qualify for an exemption to being vaccinated for COVID-19 per PVAC Policy on religious grounds, please complete the personal statement section below or provide a written statement from a religious leader of your religion that describes the applicable religious or other comparable belief that is the basis for your vaccination exemption request.

Please note that a refusal to be vaccinated does not qualify for an exception if it is merely based upon personal preference, concerns about the possible effects of the vaccine, or political opinions.

**PART 1: EMPLOYEE CERTIFICATION**

**Requested accommodation (vaccination exemption):**

\_\_\_\_\_

**Describe the religious belief or practice that necessitates this request for exemption:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe any alternate accommodations that might address your needs:**

\_\_\_\_\_

\_\_\_\_\_

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I have read and understand the above policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that PVAC will attempt to provide a reasonable accommodation, but the accommodation cannot create an undue hardship on PVAC. I understand that PVAC may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious exemption.

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to PVAC may result in disciplinary action, including termination of employment.

I further understand that if I am approved for vaccination exemption based on my religious or sincerely held belief I must undergo weekly COVID-19 testing and comply with all other infection control requirements, including the wearing of face masks, to ensure the health and safety of the PVAC community.

Requests for an exemption/accommodation can be made to PVAC without fear of retaliation as this policy prohibits retaliation against any employee who makes a request for exemption in good faith.

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

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**PART 2: FOR OFFICE USE ONLY**

Vaccination Exemption Request Received on: \_\_\_\_\_

Medical Certification Received on: \_\_\_\_\_

Description of requested accommodation:

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Evaluation of impact (if any):

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Exemption Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested exemption/accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon:

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If no agreement on an exemption/accommodation, provide an explanation:

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\_\_\_\_\_  
Employer/Immediate Supervisor Signature

\_\_\_\_\_  
Date