

COVID-19 Vaccination Religious Accommodation Form

To request an exemption from **[Company Name]**'s COVID-19 vaccination requirement due to a religious belief or practice, please complete this form and return it to [Insert Description of Submission Process].

Name (print): _____

Position: _____

Department: _____

Please identify the specific religious observance, belief, or practice that prevents you from receiving the COVID-19 vaccine.

Describe why the vaccine mandate conflicts with your religious observance, practice, or belief.

Describe any alternate accommodations that might address your needs.

I am requesting a religious exemption from the company's COVID-19 vaccination requirement. I verify that the information I am submitting to substantiate my request 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 of employment.

I further understand that [Company Name] is not required to provide this exemption as an accommodation if doing so would create an undue hardship for the company. I understand that the company may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee Signature

Date

Harmony Healthcare International (HHI)

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