

**COVID-19 VACCINE RELIGIOUS ACCOMMODATION REQUEST FORM**

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. Juniata has adopted a mandatory vaccination policy to safeguard the health of our employees from the hazard of COVID-19.

Employees may be legally entitled to a reasonable accommodation if the provisions of the policy conflict with a sincerely held religious belief, practice, or observance. If your sincerely held religious belief or practice conflicts with the COVID-19 vaccination requirement, please complete the following information form below and return it to the office of Human Resources.

Human Resources will acknowledge and review the request with appropriate experts and communicate the outcome to the employee in writing within one week from the acknowledgement date of receipt of the request. All such requests will be handled in accordance with applicable laws and regulations. The College may require you to reapply for the approved accommodation annually.

|  |  |
| --- | --- |
| Name (print): | Date of Request: |
| Position: | Department: |
| Supervisor: | Work/Cell Phone: |

I am requesting a religious exemption from Juniata College’s mandatory COVID-19 vaccination.

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I verify that the information I am submitting to substantiate my request for accommodation from Juniata College’s COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination.**

**I also understand that Juniata College is not required to provide this accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship on the College.**

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

**HUMAN RESOURCES USE ONLY**

Date received: \_\_/\_\_/\_\_\_\_ Date Acknowledged: \_\_/\_\_/\_\_\_\_

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

Accommodation request:

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of staff processing request