



Request for Religious Exemption from Mandatory COVID-19 Immunization

Employee Information

Name of Employee (first, last):		
Email Address:		
Phone:		
Address:		
City:	State:	Zip Code:

An employee may be exempt from vaccination if that employee holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Centenary University is committed to providing a safe, inclusive, and supportive experience for all employees and students and recognizes employee observance of their faith as it pertains to the practice of immunization.

For consideration of exemption to the University COVID-19 immunization compliance policy, please provide the following:

- Complete the section below (*Section 1: Employee Rationale for Request*) by detailing the religious basis of your objection, explaining why you are requesting this religious exemption, and the religious principles that guide your objection to immunization.
- Have your religious organization/leader complete the section below (*Section 2: Religious Organization/Leader Rationale for Request*) which will detail the supporting basis of your faith/beliefs which are contrary to the practice of immunization or use of vaccines. This section will also provide a space for your religious leader to sign, and provide the name, address, phone number and email of your religious organization. Completion of Section 2 is optional.

Section 1: Employee Rationale for Request *(to be completed by employee)*

Why are you requesting this religious exemption?

What religious principles guide your objection to COVID-19 immunization?

Please provide a detailed description for the religious basis that prohibits COVID-19 immunization.

Please provide any additional information that you would like to share.

Section 2: Religious Organization/Leader Rationale for Request*(to be completed by religious leader).* Completion of this section is optional.

Please provide a supporting basis of this employee's faith/beliefs that are contrary to the practice of immunization or the use of the COVID-19 vaccine.

Attestation *(to be completed by religious leader).* Completion of this section is optional.

Name of Religious Leader:		
Religious Organization:		
Phone Number for the Religious Organization:		
Email Address for the Religious Organization:		
Address for the Religious Organization:		
City:	State:	Zip Code:
Signature:		Date:

Section 3: Employee Acknowledgement *(to be completed by employee)*

Initial next to each of the statements below:

	I request exemption from immunization requirements due to my genuine and sincere religious beliefs. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Centenary University to the required immunization.
	Should I contract COVID-19, I will immediately report it to my supervisor and Human Resources at Centenary University and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I understand and agree to comply with and abide by all University policies and procedures.
	I have reviewed the <i>COVID-19 Vaccine & Immunization Record Requirement</i> policy found here .
	I certify that the information I have provided in connection with this request is accurate and complete.

Employee Signature

Printed Name of Employee (first, last):	
Signature:	Date:

Instructions for Employee Submission

Please note, submitting this request does not guarantee approval. Please allow 7-10 business days for your request to be processed. Upon review, you will be notified by email if the exemption has been granted. At any time, the University reserves the right to request additional supporting documentation.

Once the form has been completed by the employee and the religious leader, the employee should email the completed document to **Christine Rosado, Human Resources Director at Christine.Rosado@CentenaryUniversity.edu**.