

# COVID-19 Vaccine Exemption Form (2021)

## Religious Exemption Request



- Employee                       Contractor                       County Employee  
 Substitute                       Vendor                       Other: \_\_\_\_\_

Complete the following information. Submit the completed form to Risk Management directly or by email to [Josie Stijepovic@aesd.net](mailto:Josie_Stijepovic@aesd.net)

Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Classification: \_\_\_\_\_ Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_

**Because the mandatory vaccination conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body, I decline the COVID-19 vaccine at this time.**

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exemption as a religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with AESD's COVID-19 vaccination requirement.

Please provide any additional information that you think may be helpful in processing your religious accommodation request.

I verify the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. Your completion of this form and signature on this document are proof of your religious exemption.

I understand I must comply with all masking/screening/testing requirements. I understand that any religious exemption granted now may be reviewed periodically by AESD to ensure it is reasonable and does not create an undue hardship at a later date. I understand retaliation for requesting a religious exemption is prohibited, and that if I should have any concerns about retaliation, I will report them immediately to Human Resources.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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### Risk Management/ HR Use Only:

APPROVED / DENIED                      Date: \_\_\_\_\_                      Notification to employee: \_\_\_\_\_  
HR Rep: \_\_\_\_\_                      Signature: \_\_\_\_\_