



Religious Exemption Request Form for COVID-19 Vaccine

Union Health System, Inc. and its affiliates ("Union Health") are committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. To this end, employees and job applicants of Union Health have a right to request reasonable accommodations under applicable State and Federal law, including, but not limited to Title VII of the Civil Rights Act of 1964. To request an exemption from Union Health's mandatory COVID-19 vaccine policy due to sincerely held religious beliefs, practices, or observances, please complete this form, which will be evaluated in a good faith interactive process. If the specific facts provided result in an objective basis for Union Health to question the nature or sincerity of a particular belief, practice, or observance, additional supporting information may be requested. Except for instances of undue hardship on Union Health, reasonable accommodations will be provided. Notification of whether this exemption request is approved or denied will be delivered by mail.

Legal Name: _____

Date of birth or employee ID#: _____

Work number: _____

Personal phone: _____

Home address: _____

Email: _____

Facility: _____

Employee unit/department: _____

Please answer the following questions to help us understand the reasons for requesting a religious exemption to the COVID-19 vaccine:

1. Please explain your **religious reason** for requesting an exemption from Union Health's mandatory vaccination: _____

2. Please complete the following:

a. My relationship to this religion/faith tradition is: _____

b. Have you ever received a COVID-19 vaccination?

c. If yes to 'b', what has changed in your religious beliefs to request an exemption?

I attest that the COVID-19 vaccination violates my sincerely held religious belief, practice, or observance as described above. I understand that I may be asked to submit additional information to allow for the appropriate evaluation of my request.

By my signature below, I affirm that the information I am submitting in support of my request for an accommodation is complete and accurate, and I understand that any intentional misrepresentation provided herewith may result in disciplinary action. Further, I understand my request for accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Union Health

Employee Signature: _____ Date: _____

Employee name: _____

Internal Use Only:

☐ Exemption approved ☐ Exemption Denied ☐ Further clarification needed

If approved:

☐ Permanent Exemption

Clarification needed:

COVID-19 Exemption Committee Representative
signature: _____

Date notification sent to employee: _____

Submit hard copies to the Employee Health Department or Fax to Employee Health at 812-238-7287.

Thank you