Request Form for Religious Exemption/Accommodation
Related to COVID-19 Vaccine Booster

To Be Completed by Employee Requesting Religious Accommodation:

Name: ___________________________  Date of Request: ______________

Email: ___________________________

Please explain why you are requesting an Exemption/Accommodation to the
COVID-19 Booster:
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According to our records, you received the COVID-19 vaccine. Please explain
how your religious beliefs and/or practices have changed since being vaccinated:
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In some cases, Vassar College (the “College”) will need to obtain additional information and/or documentation about your religious beliefs and/or practices. Also, the College may need to discuss the nature of your religious beliefs and practices, as well as your requested accommodation, with your religion’s spiritual leader or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your religious beliefs and need for an accommodation? _____ Yes _____ No

If No, please explain why: ____________________________________________

Verification

I verify that the information I am submitting in support for my request for an accommodation is complete and accurate to the best of my knowledge and I understand that any misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on the College.

Print Name: ___________________ Date: ______________

Signature: ___________________

Please submit completed forms to:

Human Resources via email: humanresources@vassar.edu, fax: 845-437-7761 or via mail: Vassar College, Box 712.