



VACCINATION EXEMPTION REQUEST RELIGIOUS EXEMPTION FORM 1 (Employee)

Request Response Date: _____ (Date sent to employee for completion)

Employee Name: _____ Employee ID# _____

Based on a response you provided either through immunization self-attestation, employment or through employment application, you have requested exemption from Proclamation(s) 21.14, 21.14.1, and 20-12.5 issued by Governor Jay Inslee that requires students, employees or state healthcare workers to be fully vaccinated for COVID-19 unless exempted due to religious belief or religious conviction.

Tacoma Community College will provide reasonable accommodations to qualified employees with religious beliefs, unless providing such accommodations would pose an undue hardship.

Please complete this form in its entirety and return your response to the **Human Resources Department** Please complete your response as per the program deadlines. To avoid delay, please feel free to electronically transmit your response through secure email transmittal to humanresources@tacomacc.edu.

If you have any questions or need more information, please do not hesitate to contact Human Resources at 253.566.5374 or email humanresources@tacomacc.edu.

Below are initial intake questions for you to respond to in requesting a sincerely held religious belief exemption pursuant to Proclamation(s) 21.14, 21.14.1, and 20-12.5 exemption.

Employee Instructions

Please complete the following:

1. Employee name and ID Number: _____

Please answer yes or no to **both** statements below:

2. You, _____ [Print employee name], assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine. YES NO
3. You, _____ [Print employee name] affirm/agree that you have never received a vaccine from a health care provider as an adult. YES NO

In most circumstances, Tacoma Community College will need to obtain additional follow up information about your strongly held religious belief(s). Human Resources staff will reach out to you if additional information is needed to process this request.

In signing, I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Employee Signature: _____ Date: _____