

## VACCINATION EXEMPTION REQUEST

### RELIGIOUS EXEMPTION FORM 2 Supplemental Questions (Employee)

Request Response Date: \_\_\_\_\_ (*Date sent to employee for completion*)

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

**On your original request for religious exemption with regards to Proclamation(s) 21.14, 21.14.1, and 20-12.5, you were asked to provide a yes or no response to the following questions:**

*You assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine.*

*You affirm/agree that you have never received a vaccine from a health care provider as an adult.*

**If you answered “yes” to both questions on your original submittal of the religious exemption request, you do not need to complete this form.**

**If you answered “no” to either one or more of the exemption assertions on your request** We are following up with you to obtain additional information as part of the reasonable accommodation assessment process.

Failure to provide the information as requested may cause your exemption request to be rejected.

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**Instructions for employee:** Please complete each of the following questions and return this document to [humanresources@tacomacc.edu](mailto:humanresources@tacomacc.edu) for additional review.

1. Please explain how a COVID-19 vaccine conflicts with your sincerely held religious beliefs. Please attach additional pages if needed to document the full response.
  
  
  
  
  
  
  
  
  
  
2. How long have you held these religious beliefs?

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3. Do your religious beliefs include objections to other vaccines?
  - a. If yes, please explain. Please attach additional pages if needed to document the full response.
  
  
  
  
  
  
  
  
  
  
  - b. Have you ever received a vaccination in the past? If so, under what circumstances?
  
  
  
  
  
  
  
  
  
  
  - c. If your religious tenets do not include objections to all vaccines, please explain why the COVID-19 vaccine is objectionable based upon your religious beliefs while at least some others are not. Please attach additional pages if needed to document the full response.

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

*In signing, I assert and affirm that the information I've provided within this document is true and correct to the best of my knowledge, information, and beliefs. I understand if the information I've provided is incomplete, inaccurate or needs corrections I must contact the Human Resources Department to schedule additional discussions. I also understand that I may be contacted by Human Resources if additional information, or confirmation of the information, is needed to determine approval of reasonable accommodation to my Religious Exemption Request.*

**After signing, please submit this form to [humanresources@tacomacc.edu](mailto:humanresources@tacomacc.edu)**