



## LEARN Mandatory COVID-19 Vaccination Religious Exemption Request

In our continued effort to protect the safety of our faculty, staff, students and community, LEARN is requiring all staff members to be fully vaccinated against COVID-19. If you have a sincerely held religious or spiritual belief that you believe prevents you from receiving the COVID-19 vaccine, you must sign and upload this request form for consideration.

A "sincerely held religious or spiritual belief":

- should be more than a social, economic, or political philosophy;
- need not be tied to a specific religious organization, but should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions; and
- should not be solely a belief about vaccinations and one's personal preference.

Name: (Last)	(First)
Work Location:	
Position/Job Title:	
Department:	Manager/Supervisor:
Email:	Phone Number:

The completed and signed form must be signed and uploaded by no later than September 20, 2021. All requests are considered pending until you receive notice of an approval or denial.

1. In the space below, please provide a personal statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary. LEARN may need to discuss the nature of your religious belief(s), practice(s) and/or request for exemption with your witness or religious leader(s) (if applicable). If we need to do so, we will contact you. LEARN may also request additional supporting documentation if needed.



2. Please indicate the length of time you have practiced your religion, belief or observance preventing you from receiving the COVID-19 vaccination:



By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You further acknowledge that if your request is approved, you will receive a religious exemption from receiving the COVID-19 vaccine and will be required to comply with all of the following:

- **Receive a weekly COVID-PCR testing at no cost to you. Full instructions to follow on how employees can schedule and fulfill their weekly testing requirement.**
- **Should follow the present travel guidelines for out-of-state travel with HR documentation and obtain a COVID-19 PCR test before returning to work following any out-of-state travel that lasts 24 hours or more. Additional post-travel testing may be required by Human Resources.**
- **Be required to wear a mask at ALL times while working.**

Updates to these requirements may be made based on evolving state and federal public health guidance.

You understand that by signing this form, if granted an exemption, your name and vaccination status will be shared to the extent necessary to ensure compliance with health and safety requirements for unvaccinated individuals. You agree to comply with these restrictions and accept the responsibility for compliance with all health and safety requirements.

Also by signing this form, you understand and assume the risks of non-vaccination. You understand that COVID-19 vaccination is recommended to protect yourself, LEARN students, and your co-workers from COVID-19 and its complications, including serious illness and death. You hereby agree to comply with all safety measures listed in the preceding paragraph as well as any other necessary and reasonable safety measures.

If you do not comply with required COVID testing, you will be required to receive the COVID-19 vaccine as a condition of your continued employment.

I acknowledge that I have read the CDC Covid-19 Vaccine Information (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>).

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

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

Printed/Typed name: \_\_\_\_\_