



## COVID-19 Vaccination Religious Exception Request

Emp ID: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

To request an accommodation related to USM's COVID-19 vaccination directive, please complete this form and attach it to your request for a religious exception through the USM portal in SoarHR. This information will be used by the Office of AA/EEO or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide the requested information, the employee's refusal may impact USM's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

***Based on my sincerely held religious belief, practice or observance, I am requesting a religious accommodation in connection with the federal COVID-19 vaccine requirement.***

Please identify your sincerely held religious belief, practice or observance that is the basis for your request for religious accommodation.

Please briefly explain how your sincerely held religious belief, practice or observance conflicts with the federal COVID-19 vaccine requirement.



Does your position currently require you to have in-person interactions with other employees, students or visitors?

Would you be able to perform the essential functions of your job without in person interactions with other employees, students, or visitors?

Please attach any additional information that may be helpful in processing your religious request.

**Verification and Accuracy**

*I certify that the above information is true and correct, and that I am applying to obtain a religious exception from the federal COVID-19 vaccination requirement. I understand that if this request is granted, I must abide by any reasonable accommodations provided by the University. 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 in the workplace and/or to me, does not permit me to perform the essential functions of my job, or if it creates an undue hardship on USM.*

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

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

**Confidentiality**

Materials related to an employee’s religious accommodation request, including the written request for accommodation and any other documentation/information, will be kept confidential, will be maintained separately from your personnel file, and access will be limited to only those with a need-to-know. For additional information, please contact Human Resources.