



Inland Respite, Inc.

Request for Religious Exemption from COVID-19 Vaccine Form

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

Inland Respite policy requires that all staff receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. We are committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of vaccination.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current calendar year. Individuals with approved exemptions may request to recertify exemptions each year.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements. In the event of an outbreak, individuals with exemptions may be excluded from the office, in order to protect all unvaccinated staff, until the outbreak is declared to be over. While we will carefully review all requests for religious exemptions, approval is not guaranteed. Inland Respite will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Important Note: Please note that requesting a religious immunization exemption does not equate to a workplace religious accommodation. If you require religious accommodations, please contact the A&S Human Resources Department for more information.

Religious exemption process:

- Read the CDC COVID-19 Vaccine Information;
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;

- Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the company to the required vaccinations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with any assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from the office and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors and/or human resources as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will immediately report it to Human Resources and comply with all isolation and quarantine procedures specified and remove myself from the office, if so advised.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information.
	I understand and agree to comply with and abide by all company COVID-19 policies and procedures.
	I understand that, if approved, this exemption is provisional based on the current company COVID19 vaccination policy and is subject to change based on company requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

Request for Religious Exemption from COVID-19 Vaccine Personal Statement Form

Name: _____

Department: _____ Date: _____

In the space below, please provide a personal written and signed 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.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____