

The University of Alabama in Huntsville
REQUEST FOR RELIGIOUS ACCOMMODATION

Executive Order 14042 requires all federal contractors and subcontractors to mandate COVID-19 vaccinations as part of their pandemic safety protocols. An employee who has an objection to the COVID-19 vaccination based on their sincerely held religious beliefs may request an exemption from that requirement. Any accommodation would include alternative health and safety protocols. In order to request a religious accommodation, please complete this form in its entirety. Employees are strongly encouraged to submit exemption requests by November 19, 2021. Partially completed forms will be returned to the employee and will not be considered.

A#: _____ Date of Request: _____

Name: _____

Job Title: _____

Department: _____

Campus email address: _____ Campus phone number: _____

Immediate Supervisor: _____

Supervisor's email address: _____ Phone: _____

1. Please explain the religious belief, observance, or practice that prevents you from getting the COVID-19 vaccine.

2. Provide specific reasons why the vaccine requirement conflicts with your religious beliefs, observances, or practices.

3. Please identify any work accommodation(s) that you believe would resolve the conflict between your religious belief, observance, or practice and the vaccine requirement. Be as specific as possible.

4. Please provide any additional information that you think may be helpful in reviewing your request. Provide any details you feel are relevant.

In some cases, your employer may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

By signing below, I certify that the information I have provided in this request for accommodation is, to the best of my knowledge and ability, true and accurate. I understand that submitting false information on this request will subject me to disciplinary action, which may include termination of employment. I affirm that my religious beliefs, for which I seek this accommodation, are sincerely held. I further understand that:

1. Approval of this request for accommodation does not mean that I am exempted from alternate health and safety protocols, including masking and social distancing.
2. If the request is approved, the University is not obligated to provide the specific accommodation requested. An effective alternative may be identified and imposed.
3. If a work accommodation is granted, the University may revisit the accommodation and adjust as necessary based on applicable laws, regulations, workforce needs, and/or business operations.

Signature: _____ Date: _____

FOR HR USE ONLY

Approved

Denied

If the requested accommodation is denied, list alternative accommodations that may be effective.

1. 2. 3.

Final approved accommodation:

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If no agreement on an accommodation, explain below.

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HR Signature: _____

State of Alabama COVID-19 Vaccination Exemption Form

A#: _____ Date of Request: _____

Name: _____

Job Title: _____

Department: _____

Campus email address: _____ Campus phone number: _____

Immediate Supervisor: _____

Supervisor's email address: _____ Phone: _____

Any individual in the State of Alabama who is subject to a requirement that he or she receive one or more COVID-19 vaccinations as a condition of employment may claim an exemption for medical reasons, because the vaccination conflicts with sincerely held religious beliefs, or both.

You may request either a medical or a religious exemption from the COVID-19 vaccination by completing this form and submitting the form to your employer.

In the event your employer denies this request, you have a right to file an appeal with the Department of Labor within 7 days. Your employer will provide you with information on how to file an appeal.

I am requesting exemption from the COVID-19 vaccine requirements for one of the following reasons: (check all that apply)

____ My health care provider has recommended to me that I refuse the COVID-19 vaccination based on my current health conditions and medications. (NOTE: You must include a licensed health care provider's signature on this form to claim this exemption.)

____ I have previously suffered a severe allergic reaction (e.g., anaphylaxis) related to vaccinations in the past.

____ I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.

____ I have previously suffered a severe allergic reaction related to receiving polysorbate or products containing polysorbate.

____ I have received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days.

____ I have a bleeding disorder or am taking a blood thinner.

____ I am severely immunocompromised such that receiving the COVID-19 vaccination creates a risk to my health.

____ I have been diagnosed with COVID-19 in the past 12 months.

____ Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.

I hereby swear or affirm that the information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment.

Employee's Printed Name

Employee's Signature

Date

(Note: The following must be completed ONLY if claiming the first medical exemption listed above.)

Certification by a licensed health care provider as to the accuracy of information provided above:

Name of Health Care Provider

Signature of Health Care Provider

Date