

**2022 UNIVERSITY OF CALIFORNIA
RELIGIOUS EXCEPTION REQUEST FORM**
Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

EMPLOYEE OR STUDENT NAME	EMPLOYEE OR STUDENT ID
JOB TITLE (IF APPLICABLE)	LOCATION
DEPARTMENT (IF APPLICABLE)	SUPERVISOR (IF APPLICABLE)
PHONE NUMBER	EMAIL

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exception to the COVID-19 vaccination requirement in the University's [SARS-CoV-2 Vaccination Program Policy](#) as a religious accommodation.

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

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's COVID-19 vaccination requirement.

Please provide any additional information that you think may be helpful in processing your religious accommodation request.

If you have previously received any dose of a COVID-19 vaccine, please also complete the following.

1. Please explain why your sincerely held religious belief, practice, or observance did not conflict with the previous dose(s) of the COVID-19 vaccine that you received.
2. Please provide a written statement from someone else confirming that you have a sincerely held religious belief, practice, or observance that conflicts with the COVID-19 booster requirement. For example, you may provide a statement from your religious leader, a fellow congregant, or someone else who has personal knowledge of your sincerely held religious belief, practice, or observance. Please submit that statement with this request form and provide the following information regarding the author of the statement.

▪ Name and relationship to you: _____

▪ Basis of their knowledge regarding your sincerely held religious, belief, practice, or observance:

While my request is pending, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any University Location/Facility or Program. These required Non-Pharmaceutical Interventions are defined by my Location's public health, environmental health and safety, occupational health, or infection prevention authorities, including the Location Vaccine Authority. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by my Location. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by my Location as a condition of my Physical Presence at any University Location/Facility or Program.

I verify the truth and accuracy of the statements in this request form.

Employee/Student Signature: _____ Date: _____

Date Received by University: _____ By: _____