



COVID-19 VACCINE *RELIGIOUS* EXEMPTION REQUEST FORM

Employees requesting a **religious exemption** to the Cortland County Community Action Program, Inc's (CAPCO) COVID-19 vaccination requirement must complete this form. COVID-19 is a highly communicable, infectious, and serious disease that can lead to hospitalization and sometimes even death. Requiring a vaccination against COVID-19 demonstrates CAPCO's commitment to protect the safety and health of our employees, their families, Program participants, and visitors. Please refer to CAPCO's COVID-19 Vaccination Policy for more information.

CAPCO prohibits discrimination on the basis of religion and promotes workforce diversity and an inclusive workplace for all employees as part of its commitment to equal opportunity. If your sincerely held religious beliefs or practices conflict with the COVID-19 vaccination requirement, please complete the following information and return it to Human Resources.

Instructions:

- Employee/Applicant seeking a **religious exemption** must complete Part 1 (Pages 1-3)
- Upon review of the completed form and documentation, employees will be notified of the decision regarding their requested exception.
- The specific department/Program Director and the Deputy/HR Director office will complete Part 2 (Page 4)
- An incomplete form will not be considered. This form must be completed annually.

Part 1 – Religious Exemption Request: To be Completed by the Employee/Applicant

Employee/Applicant Name

Date of Request

Position

Department

Assessment:

1. Specifically identify your sincerely held religious belief, practice, or observance that is the basis of your request for religious accommodation?

2. How long have you held this religious belief, practice, or observance?

3. What is the liturgy from your religious belief, practice, or observance that supports your request, and where can CAPCO access this liturgy? Please note that CAPCO may request additional documentation.





4. How does your sincerely held religious belief, practice, or observance conflict with CAPCO's COVID-10 Vaccination Policy?

5. Do you affirm that COVID-19 vaccination is contrary to your religious belief, practice, or observance and your reasons for requesting this accommodation are **not** based solely on personal philosophy, preference, or inconvenience?

Yes No

6. Would your sincerely held religious belief, practice, or observance allow you to receive other vaccines (i.e. flu, hepatitis A, tetanus, etc.)? If yes, what vaccines?

Yes No

7. Have you ever received another vaccination?

Yes No

8. If you do not have an objection based on your sincerely held religious belief, practice, or observance to the use of all vaccines, please explain why your objection is limited to some vaccines and not others, particularly the COVID-19 vaccine?

9. Please indicate the **name, contact information, and Title/Position** of your Spiritual Leader:

Spiritual Leader Signature: _____ **Date:** _____

10. Please describe any alternate accommodations that might address your needs:





Certification:

I understand that in some cases, the company will need to obtain additional information and/or documentation about my sincerely held religious practice(s) or belief(s), and/or may need to discuss the nature of my religious belief(s), practice(s) and accommodations with a spiritual leader of my religion (if applicable) or religious scholars, to address my request. I agree to provide documentation to support my belief(s) and need for an accommodation.

I understand that this document will be placed in my confidential personnel record and may be made available to the New York State Department of Health or other appropriate governmental agencies upon request and that, if my beliefs change, I must inform CAPCO Human Resources immediately.

I verify that I have read and understand CAPCO’s COVID-19 Vaccination Policy.

I verify that the information I am submitting in support of my request for a religious accommodation is complete and accurate to the best of my knowledge, and I understand that any false statement contained in this request may result in disciplinary action up to and including termination from employment. 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 safety of others in the facility, or if it creates an undue hardship to the Agency, including the specific department/program component for which I work, and its operations.

Print Name

Signature

Date

Part 2 – Religious Exemption Request Determination: To be Completed by the Employer

Employee/Applicant Name

Position

Department

Date Human Resources received **completed** COVID-19 Vaccine Religious Exemption Request Form:

Description the requested accommodation from the employee/applicant:





Date Human Resources received **completed** COVID-19 Vaccine Religious Exemption Request Form:

Description the requested accommodation from the employee/applicant:

Evaluation of Impact (if any):

Alternative Accommodations Considered:

Request Decision:

Approved

Denied

If *approved*, indicate the accommodations agreed upon:

If *denied*, describe why accommodation is denied:

Certification:

Program Director: _____ Date: _____

Deputy/HR Director: _____ Date: _____

Date Provided to Employee/Applicant: _____