

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

If your religious beliefs or practices conflict with COVID-19 vaccination requirement, please provide the following information.

Please print the following information:

Name: _____ **Date:** _____

Please explain in your own words why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and please indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations. (You may use space on the bottom, or **attach additional written pages or other supporting materials if you so choose.**

Verification and Accuracy

I verify that the above information I have provided is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action which may include termination (employees). My request for an exemption from the COVID-19 vaccination requirement is based upon my religious beliefs. I understand that my request for an exemption may not be granted if it creates an undue hardship for the company

Signature: _____ **Date:** _____

Print Name: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with DPI employees who have a need to know.