



## COVID-19 Vaccine Religious Exemption Request Form

If you are requesting an exemption from the COVID-19 vaccination requirement for religious reasons, you must fill out this form and submit it to the Human Resources Office at [jobs@empower-wny.org](mailto:jobs@empower-wny.org) or 9812 Lockport Road, Niagara Falls, NY 14304.

Name \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Department/Worksite \_\_\_\_\_

Phone Number \_\_\_\_\_

Please initial:

\_\_\_\_\_ I am requesting an exemption from the mandate to be vaccinated against COVID-19 on the basis of a sincerely held religious belief.

\_\_\_\_\_ Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below. (Please describe your religious belief and how it specifically affects your ability to be vaccinated against COVID-19. Use additional paper as needed.)

I certify the above information to be true and accurate, and confirm that I sincerely hold the religious beliefs described above.

With my signature, I acknowledge the following: Submission of this form does not guarantee approval. If this exemption request is approved, I will be required by Empower to take additional steps to protect you and others from contracting and spreading COVID-19, up to and including regular testing at my own expense, and wearing of face coverings. I acknowledge that Empower is not required to provide this exemption if doing so would pose a direct threat to me or to others in the workplace, or if such exemption would create an undue hardship for the organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Review and Approval/Denial:

Human Resources Manager  Yes  No Initials \_\_\_\_\_ Date \_\_\_\_\_

Chief Quality Officer  Yes  No Initials \_\_\_\_\_ Date \_\_\_\_\_

Chief Executive Officer  Yes  No Initials \_\_\_\_\_ Date \_\_\_\_\_