**AFFIDAVIT IN SUPPORT OF REQUEST FOR ACCOMMODATION**

I, Click or tap here to enter text., make the following declaration under oath:

1. I am employed Click or tap here to enter text.with Click or tap here to enter text..
2. I have recently been informed by my employer that I will be required to receive the COVID-19 vaccine as a condition of my continued employment.
3. I am a practicing Christian. As such I hold deeply, certain religious convictions.
4. Among those convictions;

Click or tap here to enter text.

1. I therefore request that I receive a religious exemption from having to take the COVID-19 Vaccine.

The above is sworn to and acknowledged by me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Your Name*) Date

State of Click or tap here to enter text. )

)

County of Click or tap here to enter text. )

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021, Click or tap here to enter text. appeared before me, a Notary Public, and, being placed under oath, declared that the statements made above are true and accurate to the best of [his/her] knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires:

Notary Public