



Request for Accommodation: Religious Exemption From COVID-19 Vaccination

To request an exemption from the COVID-19 Vaccination due to sincerely held religious beliefs, please complete the information below before returning this form to Human Resources in person or via email to dboyer@nottinghamvillage.org by November 26, 2021.

Section 1

Name:		Department: Nursing	
Supervisor: Sunset Staffing LLC- Jennifer Lehman		Title:	

I am requesting a religious exemption from Nottingham Village's mandatory COVID-19 vaccination policy as required by the Centers for Medicare & Medicaid Services (CMS) Healthcare Provider Vaccine Mandate. I understand that all requests for a religious exception will be evaluated on an individual basis.

I understand that objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exemption.

I understand that I do not need to answer every question on this form to be considered for a religious exemption; however, where there is an objective basis to do so, I may be asked to provide additional information as needed to determine if I am legally entitled to an exemption.

I verify that the information I am submitting to substantiate my request for exemption from Nottingham Village's COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Nottingham Village is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Nottingham Village.

Employee Signature:		Date:	
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Employee Name: _____

1. Describe the nature of your objection to the COVID-19 vaccination requirement:

Please see attached letter/documentation

2. Describe how complying with the COVID-19 vaccination requirement substantially burdens your religious exercise or conflicts with your sincerely held religious beliefs, practices, or observances.

Please see attached letter/documentation

3. Please provide any additional information that you think may be helpful in reviewing your request. (e.g. How long you have held the religious belief underlying your objection; Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines; Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine); Name of affiliated religious organization; etc.)

Please attach any additional materials that support your request for a religious accommodation.

HR USE ONLY

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:

Signature of Human Resources: _____

Signature of Compliance Officer: _____