

COVID-19 Vaccine Religious Exception Request Form

Instructions: If you are requesting an exception from the COVID-19 vaccination requirement for religious reasons you must fill out this form and **upload it to our secure document facility on Paycom.** <https://www.paycomonline.net>

DO NOT SEND THIS FORM TO ANYONE ELSE.

I am requesting an exception from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:	Date of birth:
Phone number:	
Email:	

Please check the boxes below as appropriate and complete related questions:

- Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination

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

Signature:	Date:
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Please note that if your exception request is approved, you may be required to take additional steps to protect you and others from contracting and spreading COVID-19, including weekly testing and wearing of Personal Protective Equipment. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.