

Religious Exemption/Accommodation Request Form COVID-19 Vaccination

Name: _____ Department: _____

Title/Position: _____ UID: _____

Date of request: _____

Manager/Supervisor: _____

Length of time the exemption is needed: _____

Describe your sincerely held religious belief, practice, or observance that necessitates this request for an exemption/accommodation from the vaccination

Describe any alternatives that might address your needs:

I have read and understand Chicago State University policy on religious exemption from the vaccination. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the university will attempt to provide a reasonable alternative that does not pose a direct threat to the health and/or safety of others in the workplace and/or to me, or create an undue hardship on the university. I understand that