RELIGIOUS EXEMPTION REQUEST FORM - PROCLAMATION 21-14 (VACCINE REQUIREMENT)

September 3, 2021

SHORELINE COMMUNITY COLLEGE will provide reasonable accommodations to qualified applicants and employees with religious beliefs, unless providing such accommodations would pose an undue hardship.

Instructions:
Please provide your responses to the questionnaire below related to your vaccination exemption request because of a sincerely held religious belief pursuant to Proclamation 21-14.1.

• Please complete and return this form to the Human Resources Office no later than September 17, 2021 to assure timelines for exemption validations are met.

• The completed form can be submitted by the following mechanisms:
  o By email to scchr@shoreline.edu or fax at 206-546-5850 to HR
  o By postal service sent Attn: HR at 16101 Greenwood Ave N. Shoreline WA 98133

• If you have any questions or need more information, please do not hesitate to contact Human Resources at scchr@shoreline.edu at any time.

• NOTE: The HR Office will contact you if additional information or documentation is needed related to your request for religious exemption.

Questionnaire:
Employee Name (print): ___________________________ System ID: ___________________________

1. I affirm that I have a sincerely held religious belief or religious conviction that prevents me from receiving the COVID-19 vaccine. ☐ YES ☐ NO

2. I affirm that I have never received a vaccine from a health care provider as an adult. ☐ YES ☐ NO

3. Please explain how a COVID-19 vaccine conflicts with your asserted sincerely held religious beliefs. Please attach additional pages if needed to document the full response.

____________________________________________________________________________________
____________________________________________________________________________________

4. If your religious tenets do not include objections to all vaccines, please explain why the COVID-19 vaccine is objectionable based upon your religious beliefs while others are not. Please attach additional pages if needed to document the full response.

____________________________________________________________________________________
____________________________________________________________________________________

Certification Statement:
I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

____________________________________________________ ______________________________
Employee Signature Date

Last Updated: 9/2/21