

Request for Accommodation: Religious Exemption from Vaccination

Part 1: To be completed by EMPLOYEE

Name (print):	U#
Dept.:	Position:
Manager:	Work/Cell Phone:

Requested accommodation for exemption from vaccination requirement: _____

Length of time the accommodation is needed: _____

Describe the religious belief(s), practice(s) or observance(s) that form(s) the basis for this request for accommodation:

Describe any alternate accommodations that may address your needs:

Religion Tenet(s) Documentation

In some cases, the Southern University System (SUS) may need to obtain documentation or other authority regarding your religious belief(s), practices or observance(s). For example, the SUS may need to discuss the nature of your religious belief(s), practice(s) or observation(s) and accommodation with your religion's spiritual leader (if applicable), religious scholars or other individuals familiar with your religious belief(s), practice(s) or observance(s). If requested, can you obtain documentation or other authority to support the need for an accommodation?

Yes___ No___

Verification and Accuracy

I have read and understand the Southern University System procedures on religious accommodation. My religious beliefs, practices and observances, which result in this request for a religious accommodation, are sincerely held. I understand that my preferred accommodation requested above may not be granted. I understand that, in some instances, the Southern University System may request supporting documentation regarding my religious belief(s), practice(s) or observance(s) to further evaluate a religious exemption accommodation.

Employee signature: _____ Date: _____

HR USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Request # _____

Accommodation request:

☐ Approved __/__/__

Describe specific accommodation details:

☐ Denied __/__/__

Describe why accommodation is denied:

