SUNO
SOUTHERN UNIVERSITY *at* NEW ORLEANS

REQUEST FOR RELIGIOUS EXEMPTION/ACCOMMODATION
RELATED TO COVID-19 VACCINATION

Employee Name: _____   U#: _____

Religious Representative Name/Title: _____

Address: _____
   Street   City   State   Zip

Please explain below why you are requesting a Religious Exemption/Accommodation.

_____

_____

_____

_____

Your request must be accompanied by the provided "*Affidavit of Religious Objection to COVID-19 Vaccination*."

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, housing facilities and/or to me, or if it creates an undue hardship on the University.

Employee Signature: _____   Date: _____

AFFIDAVIT OF RELIGIOUS OBJECTION
TO COVID-19 VACCINATION

I, _____ personally appeared before the undersigned notary public

PRINT NAME OF EMPLOYEE

and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.

2. I understand that Southern University at New Orleans requires all employees to be vaccinated and provide documented proof of vaccination against COVID-19 before November 1, 2021.

3. I sincerely affirm that vaccination is contrary to my religious beliefs.

4. I understand and accept that, notwithstanding my religious objections, I may be excluded from on-campus facilities.

I certify that the foregoing is true and correct.

This _____ day of _____, 2021.

Employee Signature: _____   Date: _____

Sworn and subscribed before me

This _____ day of _____, 2021.

_____
                    Notary Public

My commission expires: _____