

UNIVERSITY OF CALIFORNIA
RELIGIOUS EXCEPTION REQUEST FORM
Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

| | |
|----------------------------|----------------------------|
| EMPLOYEE OR STUDENT NAME | EMPLOYEE OR STUDENT ID |
| JOB TITLE (IF APPLICABLE) | LOCATION |
| DEPARTMENT (IF APPLICABLE) | SUPERVISOR (IF APPLICABLE) |
| PHONE NUMBER | EMAIL |

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exception to the COVID-19 vaccination requirement in the University's [SARS-CoV-2 Vaccination Program Policy](#) as a religious accommodation.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an Exception as a religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's COVID-19 vaccination requirement.

Please provide any additional information that you think may be helpful in processing your religious accommodation request.

While my request is pending, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any University Location/Facility or Program. These required Non-Pharmaceutical Interventions are defined by my Location's public health, environmental health and safety, occupational health, or infection prevention authorities, including the Location Vaccine Authority. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by my Location. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by my Location as a condition of my Physical Presence at any University Location/Facility or Program.

I verify the truth and accuracy of the statements in this request form.

Employee/Student Signature: _____ Date: _____

Date Received by University: _____ By: _____