



Request Form for Employee Religious Exemption/Accommodation Related to COVID-19 Vaccine

Please return this form to Human Resources at hr@absherco.com

This document is intended for use as a reference when applying for religious exemption/accommodation to the COVID-19 immunization requirements for our project sites which mandate the vaccination. Its purpose is to assist in establishing the religious basis for your request on the basis of sincere religious belief. Philosophical, political, scientific, or sociological objections to immunization **do not** justify an exemption or accommodation.

In order to qualify for the exemption, employees are required to provide a written and signed statement below objecting to immunization due to sincere and genuine religious beliefs which prohibit immunization.

The statement **must** address **all** of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

Human Resources will notify you as to the approval or denial of your request.

To Be Completed by Employee Requesting Religious Accommodation:

Name: _____

Email: _____

Date of Request: _____

Please document below or attach a separate document explaining why you are requesting an Exemption/Accommodation:



Verification

I understand that some of Absher's projects may require a COVID-19 vaccination as a condition of working on the jobsite. I hereby certify that I believe that I have a religious belief that necessitates an exemption from this vaccination requirement.

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 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 and/or to me, or if it creates an undue hardship on Absher.

Print Name: _____

Date: _____

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Date of initial request: __/__/____

Date certification received: __/__/____

Accommodation request:

Approved __/__/____

Describe specific accommodation details:

Denied __/__/____

Describe why the accommodation was denied:

HR Signature

Date