

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

EMPLOYEE OR STUDENT NAME/EMAIL	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.

Have you previously received any dose of a COVID-19 vaccine? Yes No

If you have previously received any dose of a COVID-19 vaccine, please also complete the following:

1. Please explain why your sincerely held religious belief, practice, or observance did not conflict with the previous dose(s) of the COVID-19 vaccine that you received.

2. Please provide a written statement from someone else confirming that you have a sincerely held religious belief, practice, or observance that conflicts with the COVID-19 booster requirement. For example, you may provide a statement from your religious leader, a fellow congregant, or someone else who has personal knowledge of your sincerely held religious belief, practice, or observance. Please submit that statement with this request form and provide the following information regarding the author of the statement:

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- Name and relationship to you:

- Basis of their knowledge regarding your sincerely held religious belief, practice, or observance:

While my request is pending and if it is approved, I understand that I must comply with the Location's Non-Pharmaceutical Intervention requirements (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. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my position, as required by my Location.

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

Employee/Student Signature: _____ Date: _____

Date Received by University: _____ By: _____

Forward completed form to COVID19@ucr.edu and cc george.c.williams@ucr.edu