

COVID-19 Vaccination Creed (i.e. Religion) Exemption Request Form

To protect the health and safety of all workers and maintain healthy and safe workplaces, the Town of Pelham is making COVID-19 vaccination a requirement for all workers.

The Town of Pelham will accommodate bona fide exemptions, based on Creed (i.e. Religion) as a protected ground under the Human Rights Code to the point of undue hardship. Requests for Exemption and Accommodation on this basis shall be submitted utilizing only this form.

PLEASE READ CAREFULLY:

- Requests for accommodation by reason of a Creed (i.e. Religion) exemption pursuant to the Human Rights Code will be considered upon submission of this completed form, which includes a self-attestation and certification by Creed/Religious Leader.
- The Town reserves the right to request further confirmation and information as may be necessary to verify the exemption from time to time.
- To continue to protect the health and safety of all workers and maintain healthy and safe workplaces, workers with approved bona fide exemption, will cooperate in the development of an individualized accommodation plan which may include measures other than being granted access to Town facilities.
- Incomplete exemption requests will not be reviewed.
- Information collected as a part of this form regarding your reason for not receiving the COVID-19 vaccination is being collected and used solely for purposes of determining compliance with the Town's COVID-19 Vaccination Policy including providing statistical reporting on compliance and developing an appropriate accommodation plan as needed to ensure the health and safety of the workplace and will be retained in your confidential employee file.

SECTION 1: APPLICANT ATTESTATION

Submit this form to Human Resources once completed

Worker First and Last Name	
Department	
Job Title	
Work Location	
Manager/Supervisor	
<p>I attest and say as follows:</p> <ul style="list-style-type: none"> • I am electing to decline the COVID-19 vaccine, on the basis of Creed (i.e. Religion) under the Human Rights Code that is integrally linked to my identity, self-definition and fulfilment; • My Creed (i.e. Religion) is (please insert): _____ • Immunization against COVID-19 conflicts with my sincerely, freely and deeply held Creed (i.e. Religion) 	
<p>I acknowledge that COVID-19 vaccine is required pursuant to the Town's applicable COVID-19 Policies and Procedures and that I am assuming the risks associated with not receiving the required COVID-19 vaccine which may include; acquiring an infection, transmitting an infection, experiencing complications/severe illness from an infection, and/or having to undergo medical treatment after an infection exposure.</p> <p>I authorize the Town of Pelham to speak to my Creed (i.e. Religious) leader and to request from them, additional information or documentation that confirms my request for accommodation based on a Creed (i.e. Religion) exemption under the Human Rights Code for the COVID-19 vaccine.</p> <p>I certify that the information I have provided is accurate and complete as of the date of this submission. I understand that I may be subject to disciplinary action up to and including termination if any of the information is provided in support of this exemption is found to be false or misleading.</p>	
Signature	
Date	
Name of Witness	
Signature of Witness	
<p>If there are any additional details you wish to provide regarding the basis of your Creed (i.e. Religion) accommodation request, please provide them below.</p>	

SECTION 2: COMPLETED BY A CREED/RELIGIOUS LEADER

To protect the health and safety of the workforce, the Town of Pelham is making COVID-19 vaccination a requirement for its workers, subject to a bona fide Human Rights code exemption, including on the basis of Creed (i.e. Religion)

First and Last Name of applicant requesting a Creed (i.e. Religion) exemption from being vaccinated from COVID-19

PLEASE PROVIDE BELOW, DETAILS ON **EACH** OF THE FOLLOWING:

1. The basis of the applicant's faith/beliefs which are contrary to being vaccinated against COVID-19

2. How long the applicant has been a member of the Creed (i.e. Religion), and attended related services if applicable.

3. Confirmation that (and the description of how) the Creed (i.e. Religion) beliefs:

a) are connected in some way to an organization or community that professes a shared system of belief

b) are part of a particular and comprehensive, overarching system of belief that governs one's conduct and practices

- c) address ultimate questions of human existence, including ideas about life, purpose, death, and the existence or non-existence of a Creator and/or a higher or different order of existence

4. Any other relevant information

SECTION 3: CERTIFICATION

I certify that the applicant's faith/beliefs are contrary to being vaccinated against COVID-19 and I support the request for accommodation under the Human Rights Code based on a Creed (i.e. Religion) exemption from the COVID-19 vaccine requirement.

CREED/RELIGIOUS LEADER INFORMATION

Name of Creed/Religious Leader	
Title	
Name of Creed/Religious Organization	
Address	
Email	
Phone Number	
Date	
Signature	

SECTION 4: FOR HUMAN RESOURCES USE ONLY

Based on the information and supporting documentation for this COVID-19 vaccine exemption request please complete the following:

Is there a link between the protected/prohibited ground of Creed (i.e. Religion) exempting the applicant from receiving the COVID-19 vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant provided adequate information/documentation that supports an exemption and accommodation from obtaining the COVID-19 vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: DESCRIPTION OF ANY ACCOMODATION MEASURES

Requirement(s) or task(s) requiring accommodation	
Objective of the accommodation	
Accommodation strategies and tools to facilitate task(s)	

SECTION 6: ROLES AND RESPONSIBILITIES

Assigned to		
Title		
Date		
Timeline		
Start Date:	End Date:	Review Date:
Manager Name		
Manager Signature		Date:
Applicant Name		
Applicant Signature		Date:
HR Representative Name		
HR Representative Signature		Date: