



Central California Faculty Medical Group
RELIGIOUS EXCEPTION REQUEST FORM
Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

<i>Employee Name</i>	
<i>Job Title</i>	<i>Location</i>
<i>Department (If Applicable)</i>	<i>Supervisor (If Applicable)</i>
<i>Phone Number</i>	<i>Email</i>

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exception to the COVID-19 vaccination requirement in Central California Faculty Medical Group (CCFMG) 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 CCFMG'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) or unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any work location. 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 Non-Pharmaceutical Interventions applicable to my position, as required by my Location. If my request is granted, I understand I will be required to comply with Non-Pharmaceutical Interventions specified by my Location as a condition of my Physical Presence at any work location.

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

Employee Signature _____ Date _____

Date Received by CCFMG _____ By _____