Illinois Wesleyan University

Request for Religious Exemption from COVID-19 Vaccination

To request an exemption from the state-mandated COVID-19 vaccination, please complete this form and return it to the Human Resources office.

Individuals with an approved exemption will be required to comply with COVID-19 testing and other

preventative requirements as stated bup to and including termination.	by the University. Failure to do so may result in disciplinary action,
Section 1	
Name (print):	Date:
Dept.:	Work/Cell Phone:
I am requesting a religious exemption for COVID-19 vaccination for the follow	from Illinois Wesleyan University's mandatory vaccination policy wing deeply held religious belief:
Wesleyan University's vaccination polithat any falsified information can lead I further understand that Illinois Wesle	nitting to substantiate my request for exemption from the Illinois icy is true and accurate to the best of my knowledge. I understand to disciplinary action, up to and including termination. Eyan University is not required to provide this exemption if doing If or others in the workplace or would create an undue hardship
Employee Signature:	Date:

HR USE ONLY Date of initial request: __/__/ ___ Date certification received: __/__/__ Accommodation request:

Individuals with an approved exemption will be required to comply with COVID-19 testing and other preventative requirements as stated by the University.

☐ Denied __/__/___ Describe why accommodation is denied:

Describe specific accommodation details:

☐ Approved __/__/___