



## The University of Kansas COVID-19 Vaccine Employee Religious Belief Exemption Request

The University of Kansas requires all employees to be fully vaccinated against COVID-19. This form should be used by employees who are requesting an exemption from the mandatory vaccine requirement because of a sincerely held religious belief, practice, or observance that conflicts with the vaccine requirement. While waiting for an exemption decision, employees must continue to follow University guidance on face coverings on campus and other safety measures. To be eligible for a possible exemption, an employee must first establish that the employee’s refusal to be vaccinated is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exception if it is based upon personal preference, concerns about the possible effects of the vaccine, or political opinions.

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Campus:** \_\_\_\_\_ **Email:** \_\_\_\_\_

1. Please describe the nature and tenets of your sincerely held religious belief, practice, or observance that is the basis for your request for a religious exemption/accommodation to the University’s COVID-19 vaccination requirement.

2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.

3. (*Optional, not required*) How long have you held the above religious belief, practice, or observance?

4. Please provide any additional information that you think may be helpful in reviewing your request. Such supporting documentation may include, as applicable:

- Past documentation of medical and vaccination/immunization history that shows you acted in a manner consistent with your religious belief;
- Written religious materials describing the religious belief, practice, or observance; or
- Written statements or other documents from third parties, such as religious leaders, practitioners, or others with whom you have discussed your beliefs, or who have observed your past adherence to these beliefs.

**By signing this Religious Belief Exemption Request, the employee attests that they cannot receive a COVID-19 vaccination because of the sincerely held religious belief, practice, or observance described above, and verifies the truth and accuracy of the statements in this request form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_