

**PASADENA AREA COMMUNITY COLLEGE DISTRICT
RELIGIOUS EXCEPTION REQUEST FORM**
Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

Name: _____ Employee ID: _____

Department: _____ Supervisor: _____

Email: _____ Phone: _____

Pasadena Area Community College District ("District") policy requires that all faculty and staff receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. The District is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of vaccination.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the District website. In the event of an outbreak on or near campus, individuals with exemptions may be excluded from all District facilities and activities, in order to protect all unvaccinated members of the District community, until the outbreak is declared to be over.

While the District will carefully review all requests for religious exemptions, approval is not guaranteed. The District will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Important Note: Faculty and staff religious immunization exemptions will be reviewed by the Office of Human Resources. Please note that requesting a religious immunization exemption does not equate to a workplace religious accommodation. If you require religious accommodations, please contact hrgeneral@pasadena.edu for more information.

Religious exemption process:

- Read the [CDC COVID-19 Vaccine Information](#);
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;
- Have your religious leader complete the Religious Organization Statement Form; and
- Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time

Initial next to each of the statements below:

| | |
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| | I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the District to the required vaccinations. |
| | I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance. |
| | I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from District facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors, and human resources as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. |
| | Should I contract COVID-19, I will <u>immediately</u> report it to Human Resources and comply with all isolation and quarantine procedures specified by the District and remove myself from the District community, if so advised. |
| | I acknowledge that I have read the <u>CDC COVID-19 Vaccine Information</u> . |
| | I understand and agree to comply with and abide by all District COVID-19 policies and procedures. |
| | I understand that, if approved, this exemption is provisional based on the current District COVID-19 vaccination policy and is subject to change based on District requirements moving forward. |
| | I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to District disciplinary action if any of the information I provided in support of this exemption is false. |

Printed Name: _____

Signature: _____

Date: _____

ID: _____ District Email: _____

Phone Number: _____

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

Date: _____

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Name: _____

ID: _____ Department: _____

District Email: _____ Phone: _____

In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____

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Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address and Email: _____

Name of Religious Leader and Title: _____

For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____

Once you have completed this document, all four pages must be submitted to Human Resources.