



INSTITUTE FOR
ADVANCED STUDY

REQUEST FOR ACCOMMODATION: RELIGIOUS EXEMPTION FROM VACCINATION

The Institute for Advanced Study (“Institute”) requires that all faculty, members and staff, provide proof of a COVID-19 vaccination for on-campus access. A religious exemption may be granted if (i) the individual holds sincerely held 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.

To request a religious exemption from required vaccination, please complete and sign Section I below and have your religious leader complete Section II before returning this form to Human Resources. Incomplete submissions will not be reviewed.

SECTION I

Name (print):	Date:
Dept./School:	Position:
Manager or Executive Officer:	Work/Cell 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 am requesting a religious exemption from the Institute’s mandatory COVID-19 vaccination policy for on-campus access.

Please initial next to each of the statements below:

____ I request exemption from the COVID-19 vaccination requirements due to my sincerely held religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the Institute to the required vaccination.

____ 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 all assigned COVID-19 testing and other preventive safety requirements required by the Institute.

____ Should I contract COVID-19, I will immediately report it to the COVID-19 Response Team and comply with all isolation and quarantine procedures specified by the Institute.

____ I further understand that the Institute is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the Institute.

____ I understand that should an exemption be granted, it is only valid under the Institute’s COVID-19 vaccination policy and I may need to submit a new request for any subsequent changes or on expiration of an approved exemption. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on the Institute’s requirements moving forward.

____ I verify that the information I am submitting to substantiate my request for exemption from the Institute’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

Employee Signature:	Date:
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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.

Name (print):	
Signature:	Date:

HR USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:
