



REQUEST FOR A RELIGIOUS EXEMPTION TO THE COVID-19 VACCINATION REQUIREMENT

In order to comply with Executive Order on Ensuring Adequate COVID Safety Protocols for Federal Contractors and the Safer Federal Workforce Task Force’s “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractor,” all University employees (including faculty, staff, graduate and undergraduate student employees) must be fully vaccinated by December 8, 2021, unless legally entitled to an exemption. This form allows employees to request an exemption to the COVID-19 vaccination requirement on the basis of a religious belief. Requests will be considered and decided by a panel of decision-makers, coordinated by the University of Mississippi’s Equal Opportunity and Regulatory Compliance (EORC) office.

To be eligible for a possible exemption, you must first establish that your request for an exemption is based upon a sincere belief that is religious in nature. An exemption will not be granted if the reasons are based upon personal preference, concerns about the possible effects of the vaccine, or political opinions. To ensure adequate time for review, forms must be submitted by November 17, 2021.

Religious Exemption Request Process:

The religious exemption request process is an interactive process with the following steps:

- 1- An employee makes a request by filling out this form and submitting it to EORC;
- 2- EORC facilitates an interactive process, that includes both a review by the designated panel in order to evaluate whether the employee’s request meets the requirements to be exempt from the vaccine requirement, and discussions with supervisors, as needed, to determine an appropriate alternative in lieu of vaccination;
- 3- EORC will reach out to the employee if additional information is needed from the employee;
- 4- A decision is reached and communicated to the employee. If the exemption is granted, alternative options may include remote work, masking and testing requirements, or other case-specific health and safety protocols that sufficiently mitigate the risk of COVID-19.

The University of Mississippi will maintain the information provided below in a confidential manner separate from an employee’s personnel file. Notice of the decision on the religious exemption request will be submitted to Human Resources in accordance with University of Mississippi’s process for verifying compliance with the vaccination requirement.

In order to request a religious exemption, please save this form with your name in the document title and submit it to the EORC office via Box file upload ([Box File Upload for Religious Exemption Form](#)) or in person (120 Lester Hall).

Questions about this form or the process may be directed to EORC at 662-915-7735.

Employee's name: _____ University ID Number: _____

Email: _____ Phone number: _____

Position: _____

University Department: _____ Supervisor: _____

QUESTIONS:

1. Please describe the nature of your religious objection to the COVID-19 vaccination requirement.

2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or cause you to violate your sincerely held religious beliefs, practices or observances? If so, please explain the basis of your religious belief (e.g. what tenet of your religion prohibits the COVID-19 vaccine) and how being vaccinated would burden your religious exercise or cause you to violate a sincerely held religious belief.

3. Please provide any additional information that you think may be helpful in reviewing your request. For example:
- How long you have held the religious belief underlying your objection;
 - Whether your religious objection is to the use of all vaccines, Covid-19 vaccines, a specific type of Covid-19 vaccine, or some other subset of vaccines;
 - Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine);
 - Any other information you believe is relevant.

(Please attach additional pages if necessary.)

I declare that the information I have provided is true and correct to the best of my knowledge and ability. I understand that any intentional misrepresentation as part of this process may result in legal consequences, including termination.

Employee Name (printed)

Employee signature

Date request submitted