



Request for Religious Accommodation Related to COVID-19 Vaccine

To request a religious accommodation from Utica College’s requirement for submission of required COVID-19 vaccination documentation, please complete section 1 below. Once completed, students may return this form to the Student Health and Wellness Center (via email at health@utica.edu, or deliver in person to the Student Health and Wellness Center in Strebel Student Center). Employees may return the form to the Office of Human Resources (via email at hr@utica.edu, or deliver in person to Addison Miller White Hall 124).

Section 1

Name (print):	Date:
Dept.:	Position:
Supervisor:	Work/Cell Phone:

I am requesting a religious accommodation related to Utica College’s requirement for confirmation of COVID-19 vaccination.

I verify that the information I am submitting to substantiate my request for accommodation is true and accurate. I understand that any falsified information can lead to disciplinary action.

I further understand that Utica College is not required to provide this accommodation if doing so would pose a direct threat to others in the living/learning environment or workplace, or would create an undue hardship for Utica College.

Section 2

Justification for Religious Exemption/Accommodation

Please explain below why you are requesting a Religious Exemption/Accommodation (Use additional paper, if needed):

In some cases, the College will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s), and/or may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars, to address your request. If requested, can you provide documentation to support your belief(s) and need for an accommodation?

Yes No If no, please explain why (Use additional paper, if needed):

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, residential facilities, or if it creates an undue hardship on Utica College.

Signature:	Date:
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STUDENT HEALTH AND WELLNESS CENTER/HUMAN RESOURCES USE ONLY

Date of initial request: _____ Date certification received: _____

Accommodation request:

Approved _____

Describe specific accommodation details:

Denied _____

Describe why accommodation is denied:
