



Aultman College Request for Religious Accommodation Related to COVID-19 Vaccination

Aultman Health Foundation is committed to diversity and inclusiveness of all. To consider your request for a religious workplace accommodation, please provide the following information:

Name: _____ Date of Request: _____

ID #: _____ Email Address: _____

Program: _____

Reason for Request:

Suggested reasonable accommodation to meet your requirements or limitations:

If you have requested this religious accommodation before, please state approximately when the prior request was made, the name of the individual who responded and the outcome of the request:

Declaration

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and 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 or if it creates an undue hardship on my employer.

Signature: _____ Date: _____

Print Name: _____



Declination of Vaccination:

- I understand that due to my occupational exposure, I may be at risk of acquiring infection of COVID-19. In addition, I may spread COVID-19 infection to my co-workers, patients, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for infection or complications.
- I have received education about the effectiveness of vaccinations as well as the adverse events. I have also been given the opportunity to be vaccinated, at no charge to myself. However, I decline vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19. If in the future I want to be vaccinated, I can receive vaccination at no charge to me.
- I attest that I will wear a mask at all times while at any Aultman Health Foundation or affiliated property, while working with any patient, while traveling for work, or within six feet of any co-worker or patient.
- I attest I will take any COVID-19 tests required by Aultman.

Signature: _____ **Date:** _____

Print Name: _____

Summary of Next Steps

1. This request will be completed by the individual requesting a religious accommodation.
2. You will submit your request to **Jenna Dennewitz** at **jenna.dennewitz@aultmancollege.edu**
3. You will be notified of the decision and/or the proposed accommodation as soon as administratively possible.
4. If you disagree with the decision or proposed accommodation, please contact Aultman Human Resources.

