



REQUEST FOR RELIGIOUS ACCOMMODATION OR EXEMPTION

FORM COMPLETION INSTRUCTIONS

1. Read the [CDC COVID-19 VaccineInformation](#).
2. Complete and sign this form.
3. Write a personal statement explaining how your beliefs conflict with vaccination. If you need additional space, attach an extra page to this form.
4. Submit the completed documents to the Division of Human Resources: HR-COVID19-Questions@email.arizona.edu or document upload: <https://hr.arizona.edu/submit-documents>

Employee Name:

EMPLID:

University Email:

Employment Affiliation:

Faculty/Appointed/Postdoc

Staff

Graduate Assistant/Student Worker

By checking next to each statement below, I affirm:

I request exemption from the COVID-19 vaccination requirement due to my **sincerely held religious beliefs, practice, or observation**.

I acknowledge that I have read the [CDC COVID-19 VaccineInformation](#).

I certify that the information I am submitting to substantiate my request for exemption is accurate and complete as of the date of submission.

I understand that the university reserves the right to alter or amend an approved exemption based on business needs, or if circumstances change.

Signature:

Date:

Personal statement

Please explain how your religious or spiritual beliefs conflict with the vaccination requirement. You may attach additional written pages or other supporting materials to this form, if you choose.