

**REQUEST FOR STATE/LOCAL EXEMPTION
COVID Vaccination
(New Hire Candidate/Employee Form)**

Please print information below:

New Hire Candidate/Employee Name: _____

E-mail: _____ Personal Phone #: _____

Location/Department: _____ Manager: _____

I request an exemption from the COVID vaccination based on State/Local legislation and will provide:

- Name of State/Local jurisdiction:** _____
- Documentation to support my request.**

Declination of Vaccination:

- I understand that due to my occupational exposure, I may be at risk of acquiring infection. In addition, I may spread airborne infection to residents, other employees, 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 airborne infection, potentially resulting in transmission to residents/clients and colleagues. If in the future I want to be vaccinated, I can receive vaccination at no charge to me.
- If my exemption request is approved, I attest that I will follow and maintain proper protocols as defined by Organization policy, CDC, and local Departments of Health. This includes wearing a mask at all times while in any organization property or worksite and any time I am working within close proximity to others as well as following current Organization protocols related to PPE, social distancing, self-screening, testing, and quarantining after travel.

New Hire Candidate/Employee Signature: _____ **Date:** _____

Print Name: _____

Summary of Next Steps:

1. This request will be completed by the individual requesting a State/Local exemption.
2. Individual will submit all initial requests via email to HRConfidential@nationalchurchresidences.org
3. HR will notify individual and hiring manager/supervisor of the decision and/or proposed accommodation.
4. If you disagree with the decision, please contact Human Resources to appeal the decision within 3 business days of decision communication. You may submit additional information to support your exemption request.
5. Decision following an appeal will be final.