

WASHINGTON STATE UNIVERISTY
RELIGIOUS EXEMPTION REQUEST FORM
PROCLAMATION 21-14.1 (COVID-19 VACCINE REQUIREMENT)

Washington State University will provide reasonable accommodations to qualified applicants and employees with sincerely held religious beliefs, practice, or observance that conflict with job requirements, unless providing such accommodations would pose an undue hardship.

Instructions for employees:

Initiate request for religious accommodation in Workday. For instructions on completing the COVID-19 Vaccination Verification in Workday refer to [COVID-19 Vaccination Verification for Workers](#).

Below are initial intake questions for you to respond to in requesting a sincerely held religious beliefs, practice, or observance exemption pursuant to Proclamation 21-14.1.

Claiming an exemption/accommodation based on false, misleading, or dishonest information is grounds for disciplinary action up to and including termination from employment.

Complete and return to Human Resource Services, Pullman, WA, no later than October 4, 2021. To avoid delay, you may submit the form by fax to: 509-335-1259 or email to hrs.exemptions@wsu.edu. If you have any questions or need more information, please do not hesitate to contact your [HRS Service Team](#).

Questionnaire:

1. Employee Name (Print): _____
WSU ID# : _____
2. Describe the sincerely held religious belief, practice, or observance that is the basis for your request for a religious exemption/accommodation to WSU's COVID-19 vaccination requirement.
3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with WSU's COVID-19 vaccination requirement.
4. How long have you held the above religious belief, practice, or observance?

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5. If you have ever received a FDA authorized or approved vaccine at any time in your life, please explain how your sincerely held religious belief, practice, or observance causes you to object to the COVID-19 vaccine compared to other vaccines you received.

6. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: _____

Washington State University may need to obtain additional follow up information about your strongly held religious belief(s) and/or discuss reasonable accommodations to WSU's COVID-19 vaccination requirement. Human Resource Services will reach out to you if additional information is needed to process this request.

I certify that I have read and understand the information provided in this request, and that I have truthfully completed it based on my knowledge, information, and belief. I understand that it is illegal to claim an exemption/ or accommodation on false, misleading, or dishonest grounds, including by providing false, misleading, or dishonest information when seeking an exemption/accommodation, and that any violations will be subject to appropriate legal enforcement and/or discipline.

Employee Signature

Date