



Affirming life at every step of your journey with illness and loss.

REQUEST FOR RELIGIOUS EXEMPTION / ACCOMMODATION
RELATED TO COVID-19 VACCINATION

TRU Community Care (the “Company”) is committed to providing equal employment and opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the Company is committed to complying with all laws protecting religious beliefs and practices of individuals. When requested, the Company will provide an exemption/reasonable accommodation for an individual’s sincerely held religious beliefs and practices that prohibit the individual from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the Company.

To request an Exemption/Accommodation related to the Company’s COVID-19 vaccination requirement, please complete this form and return it to Human Resources. This information will be used by the Company to engage in an interactive process to determine eligibility for such exemption/accommodation and, if applicable, to identify possible accommodations. If an individual refuses to provide such information, such refusal may impact the Company’s ability to adequately understand the covered individual’s request or effectively engage in the interactive process to identify possible accommodations.

Name: _____

Date of Request: _____

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

Attach documentation (e.g., church doctrine) to support your belief(s) and need for an accommodation. Your request must be accompanied by the attached “*Attestation of Religious Objection to COVID-19 Vaccination.*” In some cases, the Company may require additional information and/or documentation about your sincerely held religious belief(s), practice(s), or observance(s) from your religion’s spiritual leader or religious scholar to address your request for an exemption.

Verification and Accuracy

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, up to and including termination of employment. 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 the Company.

Signature: _____

Date _____

ATTESTATION OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION

I _____ (Print Name) attest as follows:

1. I, the undersigned, attest that I am over eighteen (18) years of age and competent to make this attestation.
2. I understand that TRU Community Care (the "Company") requires all covered individuals to be vaccinated and provide documented proof of vaccination against COVID-19.
3. I understand that the Company has determined:
 - a. that the required vaccination is necessary to prevent the spread of COVID-19 among residents, guests, clients, employees, family members and the community.
 - b. that data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this affidavit has shown that the required vaccinations are at least 85% effective in preventing the spread of COVID-19 and have therefore been given full authorization (Pfizer-BioNTech) or emergency use authorization (Moderna and Johnson & Johnson) by the FDA.
 - c. that a covered individual who does not receive the required vaccination is at increased risk of contracting COVID-19; and
 - d. that a covered individual who does not receive the required vaccination is at risk of spreading COVID-19 to me and to other persons.
4. I sincerely attest that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are **not** based solely on grounds of social, political, or economic preferences, personal philosophy, or inconvenience.
5. I understand and accept that, notwithstanding my religious objections, I may be excluded from certain events and activities as part of a reasonable accommodation to the Company's COVID-19 vaccination requirement, if granted, and that I may still be required to later receive the vaccination if required by federal, state, or local governing authorities or regulatory bodies.

I certify that the foregoing is true and correct. This _____ day of _____, _____.

Signature of Employee

<p><u>HR Office Only</u></p> <p>Religious Exemption Status: _____ Approved _____ Denied</p> <p>Authorized Signature: _____ Date: _____</p>
