

UW-Madison

REQUEST FOR A RELIGIOUS ACCOMMODATION TO THE COVID-19 VACCINATION REQUIREMENT

Under [Executive Order 14042 on Ensuring Adequate COVID Safety Protocols for Federal Contractors \(www.whitehouse.gov/briefing-room/presidential-actions/2021/09/09/executive-order-on-ensuring-adequate-covid-safety-protocols-for-federal-contractors/\)](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/09/09/executive-order-on-ensuring-adequate-covid-safety-protocols-for-federal-contractors/), UW-Madison employees must be vaccinated for COVID-19, subject only to legally required disability, medical, or religious accommodations. State and federal law may entitle an employee who has a religious objection to the COVID-19 vaccination requirement to an exception from that requirement, in which case the employee would instead comply with alternative health and safety protocols. UW-Madison is committed to respecting the important legal protections for religious liberty. The purpose of this form is for you to provide information UW-Madison will use to determine whether you may be eligible for an accommodation.

To request a religious accommodation from the COVID-19 vaccination requirement using this form:

1. You must provide complete answers to each question below. Incomplete forms will be rejected.
2. Completed forms must be returned to vaccinehr@ohr.wisc.edu by December 13, 2021, or by the date on which you accept an offer of employment at UW-Madison, whichever comes later.

The university may ask for other information as needed to determine if you are legally entitled to an accommodation. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the university may be subject to disciplinary action, up to and including termination of employment, in accordance with the relevant policies and procedures applicable to your employee category.

Employee Information		
First Name; Middle Initial	Last Name	Date of Request
Employee ID Number	Net ID	Employee Category
Employee Phone Number	Email (wisc.edu)	
Division	Position	Supervisor

Religious Accommodation Request	
I am requesting a religious accommodation to the requirement for COVID-19 vaccination. I declare that the information I have provided is true and correct.	
Employee Signature	
Print Name	Date

Please answer the following Questions

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.
2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.
3. How long have you held the religious belief underlying your objection?
4. Please describe whether, as an adult, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection.
5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.
6. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.
7. Please provide any additional information that you think may be helpful in reviewing your request.