

Request and Certification: Religious Exemption from COVID-19 Vaccine Requirement

**NEW YORK INSTITUTE
OF TECHNOLOGY**

Name

Title and Department

Email: Phone

INSTRUCTIONS

For consideration of a religious exemption, employees must submit this signed form (without changes) and also provide a written signed statement including all of the following:

- Stating that the employee holds sincere and genuine religious beliefs contrary to COVID-19 vaccination. Objections based on personal beliefs, sociological grounds, morals or philosophy fall outside the scope of religious exemption.
- Demonstration of the genuineness and sincerity of the employee's religious beliefs.
- Explanation of the specifics of the religious principles that form the basis of the objection to the vaccination. The explanation must include whether the individual objects to all vaccinations, and if not, what the religious basis is for objecting to any COVID-19 vaccines in particular.

New York Institute of Technology reserves the right to request additional information or supporting documentation from the employee or third parties, and to withdraw approval for the exemption at any time.

In the event that it is determined that the employee has valid grounds for an exemption, New York Institute of Technology will engage in an interactive process with the employee and the employee's supervisor to determine whether a reasonable accommodation can be made which does not pose an undue hardship on the institution or pose a direct threat to the health or safety of others.

By signing and submitting this form, you are:

- Acknowledging your understanding of the risks of non-vaccination and that you have been informed of the value of immunization (including the CDC COVID-19 vaccine information) and knowingly and voluntarily decline to have such immunization;
- Accepting full responsibility for your health, and holding New York Institute of Technology harmless with respect to your requested exemption from the required vaccination;
- Acknowledging and agreeing that if exempted you may be subject to additional preventive measures such as screening, testing, social distancing, quarantining, isolation, mask wearing and other health and safety protocols by virtue of your unvaccinated status that may not apply to vaccinated individuals and that this treatment is based solely on your unvaccinated status;
- Acknowledging and agreeing that if exempted, then solely due to your unvaccinated status, you may be excluded from certain campus activities;
- Acknowledging that for your own safety and the safety of the campus community, you may be removed from campus if the COVID-19 infection rate reaches a critical threshold as determined by the New York Institute of Technology Chief Medical Officer or public health authorities, and
- Certifying that the information and supplemental documents that you have submitted in connection with this exemption request are accurate and complete.

Employee

Printed Name:

Signature:

Date: MM/DD/YYYY
