

**City of Newton COVID-19 Vaccination Policy
Attachment C**

Religious Exemption Request Form

To request an exemption from required vaccinations, please complete Sections 1 and 2 below and return this form to the Department of Human Resources. Be sure to sign both pages of the request where noted. Requests must be received by the Department of Human Resources no later than Friday, October 8, 2021 to allow for appropriate review time.

The submission of this form does not constitute an exemption approval and exemptions are not guaranteed. The City reserves the right to request additional documentation supporting the need for an exemption.

Forms should be submitted electronically, when possible, via a secure email: vaccinepolicy@newtonma.gov. If you are unable to submit via email, you may also submit this form by secure fax to 617-454-5792 or by sending directly to the Human Resources Department located at Newton City Hall, Room 210, 1000 Commonwealth Avenue, Newton MA 02459.

Section 1:

Name (print or type):	Date:
Dept.:	Position:
Email:	Phone:

I am requesting a religious exemption from the City of Newton’s COVID-19 vaccination policy. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I further understand that the City of Newton is not required to provide this exemption accommodation if doing so would create an undue hardship for the City of Newton. I understand that the City of Newton may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination from employment.

Employee Signature:	Date:
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Section 2:

Length of time the accommodation is needed:
Describe the religious belief or practice that necessitates this request for accommodation:
Describe any alternate accommodations that you believe might address your needs:

Employee Signature:	Date:
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