



**Three ways to submit this form:** (1) Save and email it to [hr@schoolcraft.edu](mailto:hr@schoolcraft.edu); (2) Fax it to 734-462-4520; or (3) Drop it off at Room 250, Grote Center (Livonia campus), 8 a.m. to 5 p.m., Monday through Friday.

Date:

Employee ID Number:

Name of Employee Requesting Accommodation:

Mailing Address:

Email Address:

Phone Number:

To apply for a religious exemption from a required vaccination based on a sincerely held religious belief, practice or observance, your personal statement must address all of the following elements:

- *The religious belief, practice or observance;*
- *The specific tenet of your religion, belief or observance that precludes you from receiving the COVID-19 and/or influenza vaccine;*
- *Length of time you have practiced your religion, belief or observance; and,*
- *Whether you have received other immunizations or intravenous treatments in the past.*

Please respond to the following questions:

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1. Explain your religious belief, practice or observance. Is this request based upon a tenet of a religious organization? If so, please explain. If not, what is it based on?
  
  
  
  
  
  
  
  
  
  
2. Explain the specific tenet of your religion, belief or observance that precludes you from receiving the influenza vaccine.



3. Explain the length of time you have practiced your religion, belief or observance.
4. Have you received immunizations or intravenous treatments in the past? (Check one)
- Yes                      No
5. If you have requested this religious accommodation before, please state when the request was made, and the outcome of the request:

*Please attach any documentation associated with this request that can further assist in the consideration of your request.*

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief? (Check one)

Yes                      No

Please Note: In some cases, Schoolcraft College will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious beliefs, practices, and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

I verify that the above information is complete and accurate to the best of my knowledge and that any intentional misrepresentation contained in this request may result in disciplinary action.

Signature:

Date: