



Family Medical Leave and Disability Services
516 High Street, MS 9054
Bellingham, WA 98225-5996
Phone: (360) 650-3774
Confidential Fax: (360) 788-0071

Request for Accommodation: Religious Exemption from Vaccination

Western Washington University will provide reasonable accommodations to qualified applicants and employees with religious beliefs/practices, unless providing such accommodations would pose an undue hardship. To request a religious exemption from required vaccinations, please complete and return this form to Human Resources.

For Completion by the EMPLOYEE	
Name:	W#:
Describe below the religious belief or practice that you believe necessitates this request for accommodation. Please attach additional pages if needed to provide a full response.	
Please explain how your sincerely held religious belief, practice, or observance prevents you from receiving an authorized COVID-19 vaccination. Please attach additional pages if needed to provide a full response.	
If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed.	
In some circumstances, WWU will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include discussing the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.	
If requested, can you provide documentation to support your belief(s) and need for an accommodation?	Yes No
If no, please explain why below. Please attach additional pages if needed to provide a full response.	
I verify that the information I am submitting to substantiate my request for exemption from WWU's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand that WWU is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for WWU.	
Signature:	Date:

Send request to Human Resources (Disability Services), MS 9054 or fax to (360)788-0071.