



VACCINATION RELIGIOUS EXEMPTION REQUEST FORM

Allina Health sees ourselves as being a health leader in the community. Each one of us shares a responsibility to set the right example. We need to take every action we can to ensure those we work alongside and those we care for are as protected as possible. This is why Allina Health has decided to make influenza, COVID-19, and several other vaccines mandatory. Allina Health is committed to and promotes workforce diversity and an inclusive workplace for all employees as part of our equal employment opportunity commitments. If your religious belief, practice, or observance conflicts with the vaccination requirement, please provide the information requested below.

Basic Information

Name: _____ Employee Number: _____

Department: _____ Position Title: _____

Immediate Supervisor: _____ Supervisor's Phone Number _____

Preferred Contact Information (Please complete)

Phone Number: () _____ Email Address: _____

Mailing Address: _____

City **State** **Zip Code**

For which vaccine are you requesting an exemption from Allina Health's vaccine requirements?

☐ Influenza

☐ COVID-19

☐ Other (Please identify) _____

Please identify your sincerely held religious belief, practice, or observance that is the basis for your exemption request (attach additional sheets if necessary).

Please explain how your religious belief, practice, or observance conflicts with Allina Health's vaccination requirement and identify: (a) the specific component of the vaccine that conflicts with your sincerely held religious belief, practice, or observance, if applicable; and (b) the religious



foundation for the belief (e.g., doctrine, scripture, observance, training, letter from your religious leader, etc.) (attach additional sheets if necessary).

Have you received other vaccinations? _____ If so, explain how your religious belief, practice, or observance conflicts with Allina Health's vaccination requirement when you have received other vaccinations.

In some cases, Allina Health may need additional information or documentation about your religious belief, practice, or observance to evaluate your exemption request. We may need to discuss the nature of your religious belief, practice and exemption request 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 request for an exemption?

Yes No

If no, please explain why (attach additional sheets if necessary):

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including employment termination. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____ Date: _____

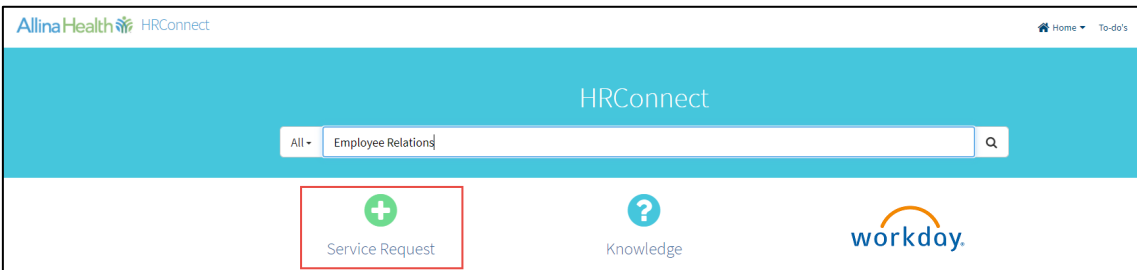
Print Name: _____ Employee # _____

Summary of Next Steps

SUBMISSION PROCESS for Religious Exemptions only:

Submit this request to Employee Relations via HRConnect here: [Service Catalog - HRConnect \(service-now.com\)](https://service-now.com)

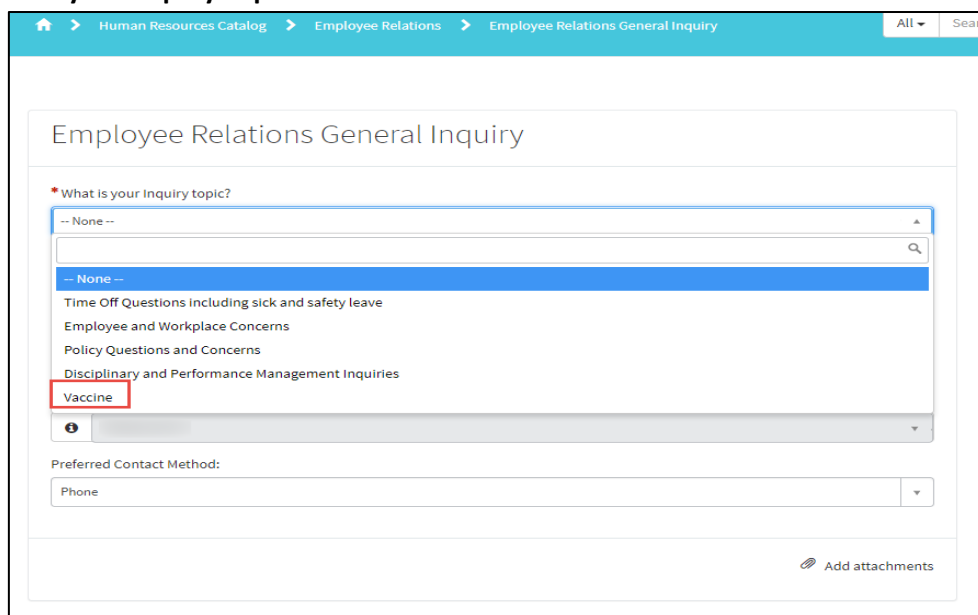
1. In HRConnect, type **Employee Relations** in the search bar and select the **Employee Relations General Inquiry** option under **Request**



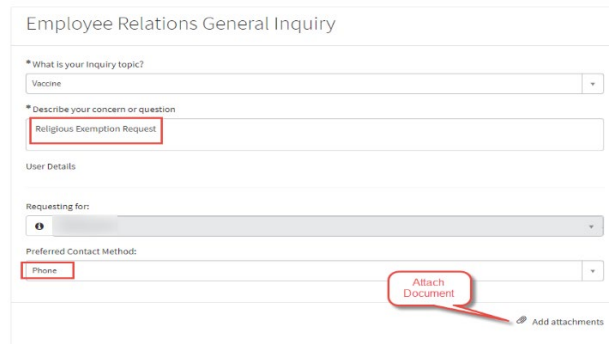
- a. Or select **Service Request** and within the **Service Catalog**, choose **Employee Relations** and **Employee Relations General Inquiry Service**



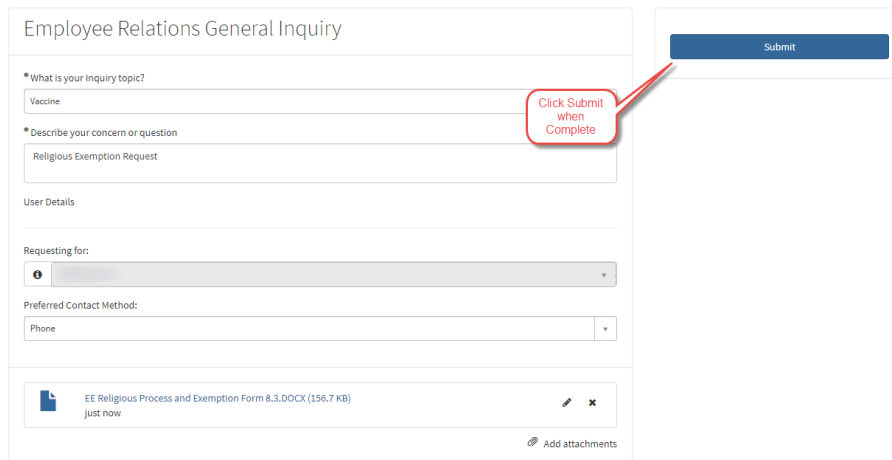
2. For “What is your Inquiry Topic” select “Vaccine”



3. For “Describe your concern or question” enter “Religious Exemption Request”
4. Enter your preferred contact method
5. **Attach this form and any supplemental documentation under “Add attachments”**



6. Click **“Submit”** on the blue box on the right side of the page.



1. This request will be acknowledged and reviewed.
2. Both you and your leader will be notified of the decision regarding your requested exemption. This information will also be viewable to both you and your leader in Workday.
3. If you are granted a religious exemption, you will, at a minimum, be required to wear a surgical mask at all times while working on any Allina Health Premises, except for reasonable periods when eating or drinking. There may be certain situations or areas, where patients are exceptionally vulnerable, Allina Health may not be able to reasonably accommodate unvaccinated employees.
4. Allina Health will reconsider a denial only if you provide new information supporting your request. To request reconsideration of a denial, please submit a request through Service Now Employee Relations Inquiry.

Supplemental Information, if applicable

FOR EMPLOYER'S USE ONLY

To BE

COMPLETED BY EXEMPTION COMMITTEE REPRESENTATIVE

Exemption Granted? Yes No If no, explain why: _____

