



Employee Request for Religious Exemption from COVID-19 Testing Form

Name: _____

EMPLID: _____

Email: _____ Phone: _____

The University of Akron is committed to providing an inclusive and supportive environment for all and recognizes true and genuine observance of faith as it pertains to the practice of medical testing. A religious exemption may be granted if (i) the individual holds sincere religious beliefs, practice or observance that are contrary to the practice of medical testing, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

If approved, the exemption will remain in effect for the duration of the current fiscal year. Individuals with approved exemptions may request to recertify exemptions each year. Individuals with an approved exemption may be required to comply with other preventive health and safety measures.

The Office of Equal Employment Opportunity and Affirmative Action will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Complete and sign this form;
- Complete and sign the Personal Statement Form; and
- Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

I request exemption from the COVID-19 testing requirement due to my sincere religious beliefs. I understand and assume the risks of non-testing. I accept full responsibility for my health, and the risk of serious illness and even death due to lack of testing and release The University of Akron from an and all responsibility and liability.	
Because I have not been tested, in order to protect my own health and the health of the community, I will comply with other preventive guidance.	

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 testing.

Print Name: _____

Signature: _____

Date: _____

Return all forms to The University of Akron, Office of Equal Opportunity, Akron OH 44325 or
EEOcompliance@uakron.edu