

Employee Request for Religious Exemption from COVID-19 Testing Form

Name:		
EMPLID:		
Email:	Phone:	
The University of Akron is committed to providi recognizes true and genuine observance of faith a exemption may be granted if (i) the individual ho are contrary to the practice of medical testing, documentation to support the exemption reques	is it pertains to the practice of medical testions is sincere religious beliefs, practice or obtain (ii) completes this form, and (iii) provides	ing. A religious oservance that
If approved, the exemption will remain in effect for approved exemptions may request to recertify exemption may be required to comply with other	exemptions each year. Individuals with	
The Office of Equal Employment Opportunity as though approval is not guaranteed. After your notified, in writing, if an exemption has been grar appeal. Individuals are permitted to reapply if available.	request has been reviewed and processented or denied. The decisions are final and	d, you will be not subject to
In order to submit a request, please:		
• Complete and sign this form;		
• Complete and sign the Personal Statement For	m; and	
• Submit the completed documents.		
Incomplete submissions will not be reviewed. E one time.	Be sure all forms and documentation are	submitted at
Initial next to each of the statements below:		
I request exemption from the COVID-19 testing beliefs. I understand and assume the risks of no my health, and the risk of serious illness and eve The University of Akron from an and all respons	on-testing. I accept full responsibility for n death due to lack of testing and release ibility and liability.	
Because I have not been tested, in order to prot community, I will comply with other preventive	•	

Should I contract COVID-19, I will immediately report it to The University of Akron	
reporting system and comply with all isolation and quarantine procedures from the	
Summit County Health officials and the University.	
I understand and agree to comply with and abide by all The University of Akron COVID-	
19 policies and procedures, unless granted an exemption therefrom by the University.	
I understand that, if approved, this exception is only valid for the current fiscal year, and	
I am required to resubmit a new request for any subsequent fiscal year(s).	
I certify that the information I have provided in connection with this request is accurate	
and complete. I understand this exception may be revoked and I may be subject to	
disciplinary action if any of the information I provided in support of this exemption is	
false.	

Request for Religious Exemption from COVID-19 Testing Personal Statement

In the space below, please provide a personal written and signed statement detailing the religious basis for your testing objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to testing, and the religious basis that prohibits the COVID-19 testing. Please attach additional documentation, if necessary.					
					
					

against the receipt of the COVID-19 testing.					
Print Name:					
Signature:					
Date:		_			

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is

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