

**REQUEST FOR RELIGIOUS EXEMPTION / ACCOMMODATION  
RELATED TO COVID-19 VACCINATION**

Paine College is committed to providing equal employment and educational opportunities without regard to any protected status and a work and educational environment that are free of unlawful harassment, discrimination, and retaliation. As such, Paine College is committed to complying with all laws protecting students' and employees' religious beliefs and practices. When requested, Paine College will provide an exemption/reasonable accommodation for any students and employees sincerely held religious beliefs and practices which prohibit the student or employee from receiving a COVID-19 vaccine, **provided the requested accommodation is reasonable and does not create an undue hardship for the College or pose a direct threat to the health and/or safety of others in the workplace, educational environment, residence halls, and/or to the requesting student or employee.**

To request an Exemption/Accommodation related to the College's COVID-19 vaccination requirement, please complete this form and return it to Human Resources (if an employee) or Student Affairs (if a student). This information will be used by Human Resources, Student Affairs, or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If a student or employee refuses to provide such information, such a refusal may impact the College's ability to adequately understand the individual's request, or to effectively engage in the interactive process to identify possible accommodations.

**TO BE COMPLETED BY THE STUDENT OR EMPLOYEE:**

**Name:** \_\_\_\_\_ **ID No.:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

Please explain below why you are requesting a Religious Exemption/Accommodation  
(Use additional paper, if needed):

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Your request must be accompanied by the provided "Affidavit of Religious Objection to COVID-19 Vaccination." In some cases, Paine College will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s). The College may need to discuss 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 (Use additional paper, if needed): \_\_\_\_\_  
\_\_\_\_\_

**Verification and Accuracy:**  
I verify that the information I am submitting in support of my request for an accommodation 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. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, college environment, housing facilities, and/or to me, or if it creates an undue hardship on the College.

Signature: \_\_\_\_\_

**AFFIDAVIT OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION**

\_\_\_\_\_ (Print Name of Student or Employee) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.
2. I understand that Paine College requires all students and employees to be vaccinated and provide documented proof of vaccination against COVID-19 before being enrolled or working at the College and/or allowed to routinely appear on-campus full-time for the 2021-2022 academic year.
3. I understand that Paine College has determined:
  - a. that the required vaccination is necessary to prevent the spread of COVID-19 among students and employees of the College;
  - b. that data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this affidavit has shown that the required vaccination are at least 85% effective in preventing the spread of COVID-19 and have therefore, been given emergency use authorization by the FDA;
  - c. that a student or employee who does not receive the required vaccination is at increased risk of contracting COVID-19 while on campus, and
  - d. that a student or employee who does not receive the required vaccination is at risk of spreading COVID-19 to other students or employees at the College, to other persons, and to me
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are **not** based solely on grounds of personal philosophy, preference or inconvenience.
5. Religious Leader Information:
  - a. Name of Spiritual Leader/Pastor: \_\_\_\_\_
  - b. Contact Spiritual Leader/Pastor: Tel: \_\_\_\_\_ Email: \_\_\_\_\_
  - c. Religious Affiliation: \_\_\_\_\_
6. I understand and accept that, notwithstanding my religious objections, I may be excluded from on-campus facilities, including student housing facilities (if a student), during an epidemic, pandemic, or threatened epidemic or pandemic of any disease preventable by a vaccination required by the College, and that I may still be required to later receive the vaccination if required by the Georgia Department of Public Health.

I certify that the foregoing is true and correct.

This \_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Student or Employee Signature

\_\_\_\_\_  
ID No.

Sworn and subscribed before me

This \_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public