

City of Chicago COVID-19 Vaccine Religious Exemption Request

Instructions for Employee

The City of Chicago is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the City is committed to complying with all laws protecting employees' religious beliefs and practices. When requested, the City will provide an exemption from mandated vaccination for employees' religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine.

- To request an exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy due to a sincerely
 held religious belief conflicting with any of the currently available COVID-19 vaccines, you must complete this
 request form.
- The completed request form must be provided to the Department of Human Resources (email address: vaccineexemptions@cityofchicago.org) or your department's Human Resources Liaison in order to allow the City to evaluate your religious exemption request. This information will be used by the Department of Human Resources to engage in an interactive process to determine eligibility.
- Consistent with State and Federal law, exemptions will only be granted for a sincerely held set of moral convictions arising from belief in and relation to religious beliefs.
- Failure or refusal to provide a complete and sufficient request form and/or engage in an interactive process with the Department of Human Resources, if necessary, may impact the City's ability to adequately understand your request or effectively engage in the interactive process which may result in a denial of your exemption request.
- All COVID-19 Vaccine Religious Exemption Requests will be reviewed on a case-by-case basis, taking into
 account whether the exemption would pose a direct threat to the health and/or safety of you, co-workers, or
 members of the public during the course of your work duties or cause an undue hardship on the City's
 operations.
- Requests for exemption and any religious belief information provided will be kept confidential to the extent possible and shared only with those City of Chicago employees who have a need to know.
- Any employee who is found to have engaged in misusing, abusing, and/or engaging in fraudulent activity in requesting, certifying, or taking a religious exemption may be subject to discipline, up to & including termination.

<u>Instructions for Religious or Spiritual Leader</u>

- The City of Chicago requires that all employees receive the COVID-19 vaccination as a condition of employment. However, a religious exemption from COVID-19 vaccination may be allowed due to an employee's sincerely held religious belief.
- Please review the employee's completed attached certification.
- Please also read and complete Section III at the bottom of the attached certification.
- Be sure to sign the form and provide all requested contact information.
- You may return the completed form to the employee or send it directly to the vaccine exemptions inbox.



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Employee Name:	Department:
Job Title:	Manager:
Daytime Phone:	City Email:
Employee ID #:	Religion:
By signing this form, I certify that the info knowledge. I understand that deliberate request for religious exemption from the refusing to engage in the interactive pro	or the City of Chicago's Mandatory COVID-19 Vaccination Policy. Or mation I have provided is true and accurate to the best of my ely providing false or misleading information in support of my ely city of Chicago's Mandatory COVID-19 Vaccination Policy or cess with the Department of Human Resources regarding the cion Policy may result in disciplinary action, up to and including cules.
documentation about my religious prac	s, the City will need to obtain additional information and/or tice(s) or belief(s) or may need to discuss the nature of my modation with my religion's spiritual leader (if applicable) or
religious scholars, to address my request	
religious scholars, to address my request Employee Signature:	for an exemption.
	for an exemption. Date:
Employee Signature: SECTION II: Exemption Information Please state your reason for requention in the second secon	for an exemption. Date:
Employee Signature: SECTION II: Exemption Informati Please state your reason for reque	for an exemption. Date:
Employee Signature: SECTION II: Exemption Informati Please state your reason for reque	for an exemption. Date:
Employee Signature: SECTION II: Exemption Informati Please state your reason for reque	for an exemption. Date:
Employee Signature:SECTION II: Exemption Informati	for an exemption. Date:
Employee Signature: SECTION II: Exemption Informati Please state your reason for reque	for an exemption. Date:



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	s that conflicts with taking the COVID-19 vaccine? In cription of the specific way that your religious beliefs prevent
When did you begin practicing this religion of	or following these beliefs?
Do your religious beliefs include objections t	to other vaccines or medications? If so, please explain.
Employee Signature:	Date (MM/DD/YYYY):
Employee digitature.	Buce (MM/BB/1111).
SECTION III: Religious or Spiritual Lea	der – Complete this section
$since rely\ held\ religious\ beliefs\ and\ practices.\ I\ affirm\ that\ th$	ligious or spiritual counsel to the above employee regarding their is employee is a member of our religious organization. I further affirm ing agent are in line with the tenets of our religious or spiritual faith,
	Date (MM/DD/YYYY):
Religious or Spiritual Leader Name (Printed)	Telephone #:
	Email:
Religious or Spiritual Leader Signature	Religion: