



**NORTH CAROLINA AGRICULTURAL  
AND TECHNICAL STATE UNIVERSITY**

**COVID-19 Vaccine Religious Exemption Application**

Employee Section: Complete the following.

Date	
Name	
BANNER ID	
Department	
Telephone Number	
Religion and tenet(s) that prohibit vaccination	

**Request for Exemption:**

- I am requesting an exemption to the COVID-19 vaccination due to my sincerely-held religious beliefs. I understand that N.C. A&T, consistent with federal law, requires that I receive a COVID-19 vaccination as a condition of employment. If I am exposed to COVID-19, I may not be permitted to return to campus during the incubation period. I understand that I may be required to undergo COVID-19 precautions as directed by the University and may be reassigned from my work location(s) if I do not receive the COVID-19 vaccine.
- I understand that my request for an exemption will be reviewed by University administrators and that I will be notified as to whether my exemption request is approved or denied.

- I acknowledge that I am aware of the following facts regarding COVID-19:**
  - I work at a public institution and that I may place others (students, visitors, and co-workers) at risk if I work while infected with COVID-19.
  - I understand that millions of people in the United States have contracted COVID-19, with hundreds of thousands of deaths.
  - I understand that the vaccine does not cause COVID-19 illness although I may experience some mild flu-like symptoms for a short period after I receive the vaccine.
  - I can be infected by COVID-19 - but not feel ill - and pass the virus to vulnerable individuals who are at risk of complications or death for COVID-19. I can also pass the virus to my family, friends, and co-workers.
  - I understand that if I am granted a religious exemption, I will be required to undergo COVID-19 precautions as directed by the University, which may include testing on a regular schedule to be determined by the University, wearing a mask, or other protective equipment, and social distancing. In the event of a COVID-19 outbreak or cluster on campus, Individuals with exemptions may be temporarily excluded from campus activities or reassigned until the outbreak is declared to be over. In requesting an exemption to the vaccination requirement, I agree to comply with these restrictions.
  - I understand that if my request for a religious exemption is denied, it may be reconsidered only if new information supporting my request is provided. I understand this decision is final and not subject to appeal.
- I certify and confirm that my response is honest and accurate and that I am requesting an exemption to the COVID-19 vaccination due to my sincerely-held religious belief or practice.**

<b>Employee Signature</b>	
<b>Date</b>	