



**Monterey Peninsula College Employee
COVID-19 Vaccine Religious Exemption Request Form**

*Please complete this form and submit to MPC's online vaccine tracking system "Qualtrics", coming in late December!
(Please contact Human Resources if additional assistance is needed)*

MPC provides exemptions for religious beliefs. Your situation will be reviewed on an individual basis. You may submit supplemental documents with this form.

Part I: Completed by Employee

Name: _____ Email Address: _____

A: Reasons for exemption request

1. Is your concern based on a medical or safety concern with the vaccine? Yes No

2. What, if any, religious belief/observance/practice is your request based on?

3. Please explain how your belief is sincerely held and how it occupies in your life a place of importance parallel to or similar to that of a traditionally recognized religion.

4. Please explain how your religious belief/observance/practice conflicts with the mandate requirement to be an MPC employee.

B. Other

Is there any additional information that might be useful in processing your religious accommodation request?

By submitting this form, I am agreeing to the following:

- I understand that if this exemption is approved, I will be required to upload weekly PCR COVID-19 test results to MPC’s tracking system as a condition of the exemption and campus safety protocols. Should I fail to submit a weekly test, *I will be subject to progressive discipline up to and including dismissal from employment.*
- MPC needs to review and consider the information you have provided before MPC decides whether to grant an accommodation.
- If a religious belief requires accommodation, MPC needs to consider in good faith all options for accommodation and whether undue hardship applies.
- Human Resources will get back to you.
- If MPC is aware of facts that provide an objective basis for questioning either the religious nature or the sincerity of a particular belief, practice, or observance, MPC is justified in requesting additional supporting information.
- An additional meeting may be needed to discuss and determine possible accommodations.

Signature: _____

Date: _____