

Request for Religious Exemption from COVID-19 Vaccine

NJIT will consider requests for exemption from the mandatory COVID-19 vaccination requirement due to an employee's sincerely held religious beliefs, practices, and observances which conflict with the employee's receipt of a COVID-19 vaccine. NJIT is committed to complying with all laws protecting employees' religious beliefs, practices, and observances pursuant to State and Federal law. Exemptions and accommodations will be considered on a case-by-case basis, provided the request is reasonable and does not create an undue hardship to NJIT nor pose a direct threat to the health and/or safety of others in the NJIT community and/or to the requesting employee.

To request an exemption to the mandatory COVID-19 vaccination requirement, please complete this form and return it to the Department of Human Resources at hraccommodations@njit.edu. This information will be used by Human Resources to engage in an interactive process to determine eligibility for an exemption.

Part 1 – To Be Completed by Employee:

Name: _____

Date of Request: _____

Instructions:

Please explain how the university's COVID-19 Vaccine requirement conflicts with your religious practices, beliefs and/or observances.

In some cases, NJIT may request additional information and/or documentation about your religious practice(s), belief(s), and/or observance(s). If requested, can you provide documentation to support your belief(s) and need for an exemption? _____ Yes _____ No

If no, please explain why:

For verification and accuracy, I verify that the information I am submitting in support of my request for an exemption 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.

Signature: _____ Date: _____

Print Name: _____

Part 2 – To be completed by Human Resources Representative

Date this Request Form Received in Human Resources: _____

Interactive Discussion Date(s) if applicable:

Exemption granted? _____ Yes _____ No

If Exemption granted, list required alternative safety precautions required:

If Exemption not granted, explain why:

Signature of HR Representative: _____ Date: _____

Name of HR Representative: _____