



**ATTESTATION OF SINCERELY HELD RELIGIOUS BELIEF
AND/OR RELIGIOUS PRACTICE
(COVID-19 VACCINE)**

Employee Name: _____

Employee Job Title: _____

Employee Work Location: _____

Manager Name: _____

Date: _____

If you have a sincerely held religious belief and/or religious practice that prevents you from receiving the COVID-19 vaccine, please describe below.

I attest:

I further verify that the information I am submitting to substantiate my request for exemption from Easter Seals' vaccination requirement is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Easter Seals is not required to provide any exemption or accommodation if doing so would create an undue hardship for Easter Seals.

I do hereby affirm that the above description reflects my sincerely held religious belief and/or religious practice and is true, accurate, and complete.

Employee Signature

Date

Attestation forms will be reviewed by Human Resources.