

STATE OF WASHINGTON RELIGIOUS EXEMPTION REQUEST FORM
PROCLAMATION 21-14 (VACCINE REQUIREMENT)

DATE: _____

The Community Colleges of Spokane will provide reasonable accommodations to qualified applicants and employees with religious beliefs, unless providing such accommodations would pose an undue hardship.

Instructions for employee:

Below are initial intake questions for you to respond to in requesting a sincerely held religious belief exemption pursuant to Proclamation 21-14 exemption.

Please return this form and your response to:

**Grace Leaf, Director of Human Resources
501 N. Riverpoint Blvd, Suite 125
Spokane, WA 99217-6000**

Please complete your response no later than September 24, 2021, to help us assure timelines for response can be met. To avoid delay, please feel free to electronically transmit your response to the following fax number: 509-434-5055 or through secure email transmittal to Grace.Leaf@ccs.spokane.edu

If you have any questions or need more information, please do not hesitate to contact Grace Leaf at the above contacts.

Questionnaire:

1. Employee name: _____
(please print)

EMPL ID#: _____

2. You, _____ [sign your name], assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine.

YES NO

3. You, _____ [sign you name] affirm/agree that you have never received a vaccine or medicine from a health care provider as an adult.

YES NO

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Please Note: In most circumstances, the Community Colleges of Spokane will need to obtain additional follow-up information about your strongly held religious belief(s). We will reach out to you if additional information is needed to process this request.

Employee Attestation:

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.

Employee Signature

Date