

## **REQUEST FOR RELIGIOUS EXEMPTION COVID-19 VACCINE**

The Northwest Indian College COVID-19 Vaccination Policy 809 requires all employees and students to be fully vaccinated. The Lummi Nation COVID-19 Vaccination Mandate requires all employees of the LIBC and its entities to be fully vaccinated. A religious exemption may be granted if (i) the individual holds a sincere religious belief which is contrary to the practice of vaccinations, (ii) completes this form, and (iii) provides documentation to support the exemption request.

In accordance to the Lummi Nation Mandate, all religious exemptions must be requested by October 18, 2021, and if approved, the exemption will remain in effect through December 31, 2022.

Individuals with approved exemptions may request to recertify their exemption each year thereafter. The assigned expiration is at the sole determination of the Lummi Indian Business Council and may be altered or amended. The Human Resources (HR) Department will notify employees if LIBC alters or amends the expiration date. Decisions are final and not subject to appeal. Individuals whose requests have been denied are permitted to reapply if new documentation and information becomes available.

Philosophical, political, scientific, or sociological objections to the COVID-19 vaccination does not justify an exemption or accommodation. To qualify for the exemption, employees are required to provide a written and signed statement which addresses all the following elements:

1. Explain in your own words why you are requesting this religious exemption.
2. Describe the religious principles that guide your objection to the COVID-19 vaccine.

You may be asked, but are not required, to submit additional supporting materials, which may include any of the following:

- A letter from an authorized representative of the church, temple, religious institution that you attend, or literature from the church, temple, religious institution that explains the doctrine or belief that prohibits immunizations.
- Other writings or sources you rely on when formulating the religious beliefs that prohibit immunizations.
- Any documents or other information you may be willing to provide that reflects a sincerely held religious objection to immunizations.

**Section 1: Employee Certification**

I understand that NWIC and LIBC require COVID-19 vaccination as a condition of employment as outlined within NWIC Employment Contracts and within the NWIC HR Personnel Policy Manual, Section 14 Work Environment.

I hereby certify that I believe that I have a religious belief that necessitates an exemption from this vaccination requirement. I also understand that individuals with an approved exemption may be required to comply with additional testing and other preventative requirements.

I certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge and I understand that any misrepresentation contained in this request may result in revocation of the exemption and disciplinary action.

I understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on NWIC.

Furthermore, I understand that I signed an employment contract with NWIC at time of hire and or at the beginning of the current fiscal year that I state I will comply with the policies and procedures of NWIC and LIBC.

I also understand that, if approved, this exemption is provisional based on the current Lummi Nation COVID-19 Vaccination Mandate and is subject to change based on Lummi Nation vaccination requirements moving forward.

I understand that, if approved, I must follow the COVID-19 travel policies and that I must wear an N95 mask while at work and comply with NWIC Campus Safe Operations Procedure 603.

\_\_\_\_\_  
Name of Employee (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Question 1: Explain in your own words why you are requesting a religious exemption for the COVID-19 vaccine based on your sincerely held religious beliefs, which prohibit immunizations.

Question 2: Describe the religious principles that guide your objection to vaccination.

**To be completed by a Human Resources (HR) employee:**

Date request received: \_\_\_\_\_

Exemption/Accommodation approved: \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of HR employee: \_\_\_\_\_

Signature of HR employee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor of employee: \_\_\_\_\_

Signature of Supervisor of employee: \_\_\_\_\_ Date: \_\_\_\_\_