

EMPLOYEE REQUEST FOR RELIGIOUS EXEMPTION: COVID-19 VACCINE

I request to be exempted from the vaccine requirement on the basis of my bona fide religious belief, observance or practice. The following information is submitted in support of my request.

(Please attach additional pages if needed.)

I have completed COVID-19 Vaccine Exemption Request training module in MyHR|Workday on exemption requests¹ YES NO

(This form will not be accepted unless the above module has been completed)

1. Please explain the religious belief, observance, or practice that prevents you from getting the COVID-19 vaccine.²

2. Please describe the specific conflict between your religious belief, observance or practice and the COVID-19 vaccine. In your response, please address the following:

- What are the specific reasons the vaccine requirement conflicts with your religious beliefs, observances or practices?

3. Please provide any information that will help us to determine that your belief is sincerely held with the strength of traditional religious views. For example, does this belief affect any other aspect of your life? Please provide any details you feel are relevant.

¹Non-Banner health team members should consult with their leader to obtain access to the required learning module. The completion Certificate must accompany this exemption request form.

²It is not necessary for you to identify an affiliation with any organized religion or faith community.

4. Please identify any job accommodation(s) that you believe would resolve the conflict between your religious belief, observance or practice and the vaccine requirement. Be as specific as possible.

5. Please identify your status:

- Team Member Student Medical Staff/Allied Health
 Volunteer External Contract Labor Vendor

By signing below, I certify that the information I have provided in this request for exemption is true and accurate. I understand that submitting false information on this request for exemption will subject me to corrective action, up to and including termination of employment. I confirm that my religious beliefs, for which I seek this exemption, are sincerely held. I understand:

- approval of this exemption does not mean that I am cleared to work without any further accommodations;
- if the exemption is approved, Banner Health will explore and, if possible, implement a reasonable accommodation that will allow me to perform my job;
- accommodations may include continuous masking, frequent PCR testing, additional PPE requirements, and other measures as COVID-19 and business circumstances warrant.

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|---------------------------------------|-------------------------|-----------|
| ID # (employee ID, badge, MS4#, etc.) | Name (Print) | Signature |
| Date of Request | Facility and Department | Job Title |

This Request for Religious Exemption form must be completed in its entirety, signed and returned as outlined below:

- **Team Members, volunteers, medical staff, contract personnel and students:** Forms must be sent to OHSCOV19mailbox@bannerhealth.com or fax to: 602-839-0383
- **Vendors:** Forms should be submitted to the appropriate department or individual in your company and must be maintained for inspection upon request by Banner Health.

FOR INTERNAL BANNER HEALTH USE ONLY

Approved: YES NO

Date: