Request for COVID-19 Vaccination Exemption - Statement of Creed/Religious Belief Form

Section 1: **Requester (Employee)**
To be completed by the individual employed directly by the Township of Southgate (employee)

Employee Name:	Date of Request:

Section 2: **Important Information – Please read**

The Township of Southgate requires that all employees who work at the Township show proof of COVID-19 vaccination unless they have a valid exemption. In order to receive a valid exemption for creed/religious reasons, an individual must complete this Statement of Creed/Religious Belief form and must submit the properly completed form to the Human Resources department.

Section 3: **Declaration of Requester**

Please explain within the text box below or by way of an attached letter why you are unable to be vaccinated due to your religion/creed. Please ensure you provide background on your religious belief/creed and connect the religious belief/creed to the reason you are requesting an exemption. If possible, please provide supporting documentation published by religious leaders or others practicing your religion/creed.

Section 4: Accommodation Request Details

Please explain within the text box below or by way of an attached letter details on how you can deliver your job description and responsibilities in all aspects and what actions you will take related to common workspaces, equipment use, dealing with members of the public, etc. The request must include how you will respect and protect the safety of all co-workers you may come into contact with within the workplace in relation to COVID-19 transmission and outbreak health and safety concerns.

Section 5: Important Information – Please read

I, _____ am an employee of the Township of Southgate and make oath or solemnly affirm and say as follows:

1. The requirements of the Township's vaccination policy for persons working at the Township of Southgate conflict with my sincerely held beliefs and convictions based on my creed/religion.

2. I understand that the Grey Bruce Public Health Unit or the Township may impose additional restrictions or requirements on me for health and safety reasons which may not apply to others at the Township who have been fully vaccinated.

3. I understand that the Township may require me to follow additional health and safety protocols, including, but not limited to:

   a. Mandatory COVID testing and disclosure of test results

   b. Masking and/or physical distancing; and/or

   c. Education Sessions

4. I understand that I may choose to be vaccinated at a later date.

5. I request that I be exempted from the proof of vaccination requirements of the Township of Southgate.

Section 6: Staff Acknowledgement and Signature

By signing this form, I understand that information confirming my exemption (if one is required) will be collected by the Township of Southgate Human Resources department who will confirm my exemption status, as necessary for health and safety purposes, and with my manager.

_____   _____

Employee Signature   Date (dd/mm/yyyy)

Your information on this form is collected, used, and disclosed for the purposes set out above, in accordance with Municipal Freedom of Information and Protection of Privacy Act and consistent with the reasons and purposes set out in the Township's COVID-19 Vaccine Policy. Questions regarding the collection, use, and disclosure of your information may be directed to Human Resources. The use of the information reported on this form will be only used internally for review by Human Resources in consultation with the CAO and Department Head for the purposes of determining accommodation approval in relation to the job description responsibilities. If approved the requirements to accommodate the employee if possible will be determined and reported back to the employee in a confidential letter format.

The COVID-19 Vaccine Exemption Form will be filed in a confidential location and not the employee's personnel file.