



## Request for Religious or Spiritual Exemption for COVID-19 Vaccination

Covered State Agencies, School Boards, or Child Care Facilities may exempt an individual from the facility's COVID-19 vaccination requirement if an individual objects to the vaccination based on sincerely-held religious or spiritual beliefs and practices. In such cases, the facility may allow the individual to continue to perform their job functions if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

State Employees and State Hospital Employees may apply for a religious or spiritual exemption from the requirement to obtain the COVID-19 vaccine by using this request form.

If you have a sincerely held religious or spiritual belief that you believe prevents you from receiving the COVID-19 vaccine, you must sign and submit the request form for consideration through the *WellSpark™* web-based application, smartphone app, dedicated *WellSpark™* email address, or faxed copy. All requests and supporting documentation will be reviewed by an agency-designated Human Resources representative. The agency-designated Human Resources representative may contact you for additional information or for clarification.

A "sincerely held religious or spiritual belief":

- should be more than a social, economic, or political philosophy; and
- need not be tied to a specific religious organization, but should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions.

The completed form together with any supporting documentation must be signed and uploaded by no later than September 27, 2021. All requests are considered pending until the requestor receives notice of an approval or denial. If no decision has been made by September 27, 2021

State Hospital Employees who

are denied an exemption shall have ten (10) days from the date of the notice of the denial to receive a COVID-19 vaccine (either a single-dose vaccine or the first dose of a two-dose vaccine with a second dose appointment date scheduled).

To request an individual exemption from required COVID-19 vaccination on the basis of a firmly held religious or spiritual belief, please complete this form and submit it to the individual(s) designated by your facility to receive these forms.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_



## DEPARTMENT OF ADMINISTRATIVE SERVICES

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Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In the space below, please provide a personal statement** detailing the religious or spiritual basis for your vaccination objection, explaining why you are requesting this religious or spiritual exemption, the religious or spiritual principle(s) that guide your objection to vaccination, and the religious or spiritual basis that prohibits you from receiving the COVID-19 vaccination. Please attach additional documentation, if necessary. An agency-designated Human Resources representative may need to discuss the nature of your religious or spiritual belief(s), practice(s) and/or request for exemption with your witness or religious leader(s) (if applicable) and will contact you if that becomes necessary. The agency-designated Human Resources representative may also request additional supporting documentation if needed.

**Have you received immunizations in the past?**  Yes or  No (check one)

**If yes to the previous question, please provide an explanation** detailing any changes in your religion, belief, or observance that have occurred since your last immunization, or the reason(s) that you believe your religion, belief, or observance prevents you from receiving the COVID-19 vaccine:

**PLEASE NOTE: ONLY** state employees with a state Employee ID #, or others with specific direction (please see <https://portal.ct.gov/sevi>) can submit information to WellSpark. State contractors do not submit forms to WellSpark.

If you are a state employee with a state employee ID number, and you do not have access to a smartphone or computer, you can submit your information via email at [Statecovid@wellsparkhealth.com](mailto:Statecovid@wellsparkhealth.com) or fax to 860-678-5207 or 860-678-5229. All others who do not have access to a smartphone or computer should consult with their supervisor or human resources department.

If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results

***By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You further acknowledge that if your request is approved, you will receive a religious or spiritual exemption from receiving the COVID-19 vaccine and will be required to comply with the testing.***

*Affirmative Action/Equal Opportunity Employer*



**DEPARTMENT OF ADMINISTRATIVE SERVICES**

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*You also acknowledge that you have read the CDC Covid-19 Vaccine Information, which can be found via the link provided here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>. You also certify that you understand that it is a crime under Connecticut State law to provide false information punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.*

Printed/Typed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_