



## REQUEST FOR RELIGIOUS EXEMPTION/ACCOMMODATION RELATED TO COVID-19 VACCINATION AND TESTING

Please return this form to the ***HR Analyst for your Division***

State of New Mexico employees who work in hospitals or congregate care facilities are required to be vaccinated against COVID-19. All other State of New Mexico employees who are not vaccinated against COVID-19 are required to take a viral test for COVID-19 and submit the results weekly. These requirements have been put in place in an effort to slow the transmission of COVID-19 and protect the health and safety of Tax & Rev and State of New Mexico employees and all New Mexicans.

Tax & Rev and the State of New Mexico are also committed to providing a safe, inclusive, and supportive experience for employees and recognize sincere religious observances as they pertain to COVID-19 vaccination and testing.

This Form must be completed when applying for a religious exemption/accommodation from the COVID-19 vaccination or testing requirements for employment with Tax & Rev and the State of New Mexico. Its purpose is to assist in establishing the sincerely held religious belief that is the basis for your request and the conflict between your sincerely held religious belief and COVID-19 vaccination or testing.

Philosophical, political, scientific, or sociological objections to COVID-19 vaccination or testing ***do not*** justify an exemption or accommodation.

As part of the religious exemption/accommodation request process, employees are required to provide a written and signed statement objecting to COVID-19 vaccination or testing due to sincere and genuine religious beliefs. Tax & Rev may also need to discuss the nature of your religious beliefs and practice, as well as your requested accommodation, with your religion's spiritual leader or religious scholars to address your request for an exemption.

In some cases, Tax & Rev may request supporting materials, which may include:

- A letter from an authorized representative of the church, temple, religious institution, etc. that you attend, or literature from the church, temple, religious institution, etc., explaining doctrine/beliefs that prohibit immunization (Note: you need not be a member of an organized religion or religious institution to obtain a religious exemption);
- Any documents or other information you may be willing to provide that reflect a sincerely held religious objection to COVID-19 vaccination or testing.

While Tax & Rev will carefully review all requests for religious exemptions/accommodations, approval is not guaranteed. After your request has been reviewed and processed, you will be notified in writing if your exemption/accommodation has been approved or denied. Tax & Rev's decision is final and not subject to appeal. Employees may reapply if new information and documentation becomes available.

**To Be Completed by Employee Requesting Religious Exemption/Accommodation**

**Name:** \_\_\_\_\_

**Employee ID Number:** \_\_\_\_\_

**Employee Email:** \_\_\_\_\_

**Employee Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Requesting Religious Exemption/Accommodation for: (check all that apply)**

**COVID-19 Vaccination**       **COVID-19 Testing**

**Verification**

I understand that the State of New Mexico requires COVID-19 vaccination for all employees working in hospitals and congregate care facilities (as defined by the August 17, 2021 Public Health Order on Vaccination) and requires weekly COVID-19 viral tests for all other unvaccinated employees (Executive Order 2021-046).

I hereby certify that I have a sincerely held religious belief that necessitates an exemption from one or both of these requirements, as indicated above.

I understand that COVID-19 can cause severe sickness and death, and I assume the risks of not vaccinating and/or not testing. Should I contract COVID-19 or have COVID-19 symptoms, I will immediately report it to my supervisor and comply with all isolation and quarantine procedures in Tax & Rev policy.

I verify that the information I am submitting in support of my request for a religious exemption/accommodation is complete and accurate to the best of my knowledge, and I understand that any misrepresentation or falsehood contained in my request may result in a revocation of my religious exemption/accommodation approval, if any, and/or disciplinary action, up to and including dismissal.

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

I understand that if my request is granted, there may be other preventive measures outlined in my exemption/accommodation approval that I will be required to take to help slow the transmission of COVID-19, protect my own health, and protect the health and safety of Tax & Rev and State of New Mexico employees. I understand that Tax & Rev may exclude me from Tax & Rev buildings and facilities in the event of an outbreak or threatened outbreak of COVID-19. I also understand that I may be subject to testing and other public health requirements to which vaccinated employees will not be subject.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



**To Be Completed by Tax & Rev**

**Name:** \_\_\_\_\_

**Employee ID Number:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Requesting Religious Exemption/Accommodation for COVID-19 Vaccination**

Approved    Denied    N/A

**Requesting Religious Exemption/Accommodation for COVID-19 Testing**

Approved    Denied    N/A

**Duration of Exemption/Accommodation:** \_\_\_\_\_

**Description of Exemption/Accommodation:**

**Example:** \_\_\_\_\_

*Your request for a religious exemption from taking the COVID-19 vaccination has been granted. Please note that you will still be required to take a COVID-19 viral test and submit the results to Tax & Rev Human Resources weekly. In addition, in the event of an outbreak or a threatened outbreak of COVID-19, you may be temporarily excluded from Tax & Rev buildings and facilities and placed on emergency telework.* \_\_\_\_\_


**Secretary signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing below, I certify that I understand and will comply with the conditions of my religious exemption/accommodation outlined above and all COVID-19-related Tax & Rev policies and procedures.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_