

Request for Religious Exemption from COVID-19 Vaccination

Forte Home Health Care, Inc. (“Forte HHC”) is currently evaluating its compliance obligations in connection with the new mandatory vaccination rule issued by the U.S. Centers for Medicare and Medicaid Services (“CMS Rule”). Forte HHC’s Mandatory Vaccination Policy (the “Mandatory Vaccination Policy”) will take effect on **February 14, 2022**. Covered Staff Members of Forte HHC or Forte Residential, Inc. (together, Forte HHC and Forte Residential, Inc. are “Forte”) will not have the option to select weekly testing in lieu of vaccination. Should you wish to request a religious exemption from vaccination, please complete this form and return to the Human Resources Department via email to Forte’s Human Resources Manager, Lisa Glon, at lisa@forteresidential.org. Your exemption request should be submitted no later February 14, 2022.

The Human Resources Department will treat exemption requests as confidential, in accordance with applicable law. The information you submit will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If you refuse to provide such information, your refusal may impact Forte’s ability to approve or otherwise process your request.

Name (print):	Date of Initial Request:
Manager/Supervisor:	Position:
Email address:	Work/Cell Phone:

Describe the religious beliefs or practices that necessitate this request for exemption (attach additional pages, if necessary):

I affirm that my religious beliefs and/or practices giving rise to this request for a religious exemption are sincerely held. I understand that the exemption requested above may not be granted. I understand that Forte HHC may need to obtain supporting documentation regarding my religious practices and beliefs to further evaluate my request for a religious exemption. I understand that any falsified information can lead to disciplinary action, up to and including termination.

Employee Signature:	Date:
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HUMAN RESOURCES USE ONLY

Date of initial request: __/__/____

Exemption request:

Approved: __/__/____

Denied: __/__/____

Briefly describe why exemption is denied:
