

Certification of Religious Belief

Name: _____

Email: _____

Department: _____

Employee ID: _____ *Paychex Emp ID*

Name of Appropriate Administrator: _____

I certify that I have a **religious belief** that prohibits me from receiving a COVID-19 vaccination.

A religious belief means:

- 1) a sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or
- 2) beliefs, observances, or practices which an individual sincerely holds and that occupy a place of importance in that individual's life, comparable to that of traditionally recognized religions.

By signing this form, I attest that this is true and accurate. I understand that making false statements could subject me to discipline, up to and including termination.

Signature: _____

Date: _____