The Texas A&M University System Federal COVID-19 Vaccination Requirement Religious Accommodation Request Form

Name (last, first):	UIN:
Job Title:	Department/Unit:
	Work Phone Number:
observance that guides y held religious belief, pra mandate. This includes l observances, or practice place of importance para	ow, please describe your sincerely held religious belief, practice, or your objection to COVID-19 vaccination and explain how your sincerely actice, or observance conflicts with the federal COVID-19 vaccination beliefs under traditionally recognized religions as well as beliefs, is which an individual sincerely holds and which occupy in their life a sallel to that of a traditionally recognized religion. Social, political, or as well as mere personal preferences, do not justify an exemption or aw.
Please describe the acco frequency.	emmodation(s) you are requesting and the applicable time period or

I understand that my request for an accommodation may not be granted if it is not reasonable, if
it poses a direct threat to the health and/or safety of others at Texas A&M University System
Offices and/or to me, or if it creates an undue hardship on Texas A&M University System
I hereby affirm the truthfulness of the foregoing statement.

Signature: ______Date: _____

Submit your completed form to System Offices Human Resources.