



**DECLARATION IN SUPPORT OF EMPLOYEE  
RELIGIOUS EXEMPTION REQUEST (COVID-19)**

Employee Name	Employee DSW#

San Francisco Department of Public Health Order No. C19-07 requires persons routinely working onsite in High-Risk Settings as defined in the Order to receive a COVID-19 vaccination and report their vaccination status to their employer effective September 15, 2021. As an employer, the City and County of San Francisco (City) must comply with this public health order. City policy also requires all other employees to receive a vaccination within 10 weeks of FDA approval of any COVID-19 vaccine. A religious exemption may be granted to City employees who hold a sincere religious belief that conflicts with the vaccination requirement.

**INFORMATION REQUEST**

The employee named above has identified you as an individual with knowledge of the religious belief(s), practice(s), or observance(s) that precludes the employee from receiving a COVID-19 vaccination. Please answer the questions below based on your personal knowledge and beliefs.

I am a  Religious Leader       Religious Scholar       Person Knowledgeable Regarding the Employee’s Religious Beliefs, Practices or Observances

1. The above-named employee adheres to the following religion or belief system (enter name or description):

\_\_\_\_\_

2. I have personal knowledge of the above-named employee’s adherence to this belief system:  YES  NO  
If YES, please explain how you have personal knowledge of the employee’s adherence to the belief system.

\_\_\_\_\_  
\_\_\_\_\_

3. Does the religion or belief system identified in response to Question 1, above, requires all adherents to abstain from the COVID-19 vaccination because the vaccination conflicts with the tenets, practices and observations of a recognized church, religious denomination, or recognized religious organization:  YES  NO  
If YES, please cite the specific tenet, practice or observation that conflicts with the COVID-19 vaccination requirement, and/or explain how it is followed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the law of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone