

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
EMPLOYEE RELIGIOUS EXEMPTION REQUEST
RELIGIOUS ORGANIZATION STATEMENT FORM 1-C**

Name of Employee: _____

Name of Religious Organization: _____

Religious Organization Address and Email: _____

Phone Number of Religious Organization: _____

Name of Religious Leader and Title: _____

Religious Leader: Both sections below must be completed for processing of this request.

- 1) In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination.**

- 2) Please cite the doctrinal text supporting the religious exception. Please attach additional documentation, if necessary.**

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name of Religious Leader: _____

Signature of Religious Leader: _____

Date: _____

Once you have completed this document, all forms must be submitted to Human Resources.