

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
EMPLOYEE RELIGIOUS EXEMPTION-PERSONAL STATEMENT
FORM 1-B**

EMPLOYEE NAME:	EMPLOYEE ID:
JOB TITLE:	
CAMPUS:	SUPERVISOR:
BEST PHONE NUMBER TO REACH YOU AT:	EMAIL:

In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Employee Name: _____

Employee Signature: _____

Date: _____