



STATE OF WASHINGTON  
OFFICE OF GOVERNOR JAY INSLEE

**PROCLAMATION 21-14, et seq.**  
**RELIGIOUS EXEMPTION REQUEST FORM**

**DISCLAIMER.** *This template is meant to be a reference for Washington employers processing religious exemptions under Proclamation 21-14, et seq. The state makes no representation that reliance on this template will satisfy an employer's legal obligations or shield any employer from legal challenges. Every employment setting is unique, and you should carefully review your accommodation policies with legal counsel. In providing this template, the state is not requiring its use by private employers; rather, it is intended for Washington state agencies and is offered for general informational purposes only.*

*Sections specific to state agencies are highlighted to help employers avoid mislabeling their forms.*

**[INSERT DATE]**

The \_\_\_\_\_ (name of **agency**) will provide reasonable accommodations to qualified applicants and employees with religious beliefs, unless providing such accommodations would pose an undue hardship.

**Instructions for employees:**

**Below are initial intake questions for you to respond to in requesting a sincerely held religious belief exemption pursuant to Proclamation 21-14, et seq.**

Please return this form and your response to **[insert name and mailing address of employing **agency**]**. Please complete your response no later than **[insert date]** to help us assure timelines for response can be met. To avoid delay, please feel free to electronically transmit your response to the following fax number: **[insert fax number]** or through secure email transmittal.

If you have any questions or need more information, please do not hesitate to contact **[insert name of responsible **agency** personnel]** at **[insert phone number(s), or at email address(es)]**.

**Questionnaire:**

1. Employee name and **Personnel Number**: \_\_\_\_\_.
2. You, \_\_\_\_\_ [employee name], assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine.  **YES**  
 **NO**
3. You, \_\_\_\_\_ [employee name] affirm/agree that you have never received a vaccine or medicine from a health care provider as an adult.  **YES**  **NO**

In most circumstances, the \_\_\_\_\_ (**agency**) will need to obtain additional follow up information about your strongly held religious belief(s). [**Agency name**] will reach out to you if additional information is needed to process this request.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date