CSUDH

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Certification of Religious Belief

Name: _____

Email: _____

Department: _____

Employee ID: _____ *MyCSUDH ID LookUp Search*

Name of Appropriate Administrator: _____

I certify that I have a **religious belief** that prohibits me from receiving a COVID-19 vaccination.

A religious belief means:

1) a sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or
2) beliefs, observances, or practices which an individual sincerely holds and that occupy a place of importance in that individual's life, comparable to that of traditionally recognized religions.

By signing this form, I attest that this is true and accurate. I understand that making false statements could subject me to discipline, up to and including termination.

Signature: _____

Date: _____

After completing your self-certification in MyCSUDH, please submit the completed exemption document(s) to:
HR- Medical and Religious Exemptions or Human Resources (340)