

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUEST FOR RELIGIOUS EXEMPTION TO THE COVID-19 VACCINATION**

Employees of the South Carolina Department of Disabilities and Special Needs (DDSN) may request an exemption from the requirement to be fully vaccinated against COVID-19 in accordance with the Center for Medicare and Medicaid Services (CMS) Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule (IFR). One qualifying exemption is for a religious belief, which is a sincerely held belief that is religious in nature. An employee may request a religious exception by completing and returning this form to the South Carolina Department of Disabilities and Special Needs Division of Human Resources (DDSN-HR). Please note employees that qualify for an exemption will instead be required to comply with alternative health and safety protocols, including social distancing and mask wearing.

To request a religious exemption from the COVID-19 vaccination requirement an employee must complete Part I of this form.

PART I – TO BE COMPLETED BY THE EMPLOYEE

Employee Name: _____ Date of Request: _____

Employee Position: _____ Location: _____

Employee’s Supervisor: _____ Employee Number: _____

QUESTIONS

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.

2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances?

3. Please provide any additional information that you think may be helpful in reviewing your request.

I declare that the information I have provided is true and accurate, to the best of my knowledge.

Employee Signature

Date: _____

Requests for exemptions from vaccination requirements should be emailed to COVID-19ExemptionRequest@ddsn.sc.gov. If you do not have access to email, you may make a request to your local Human Resources representative for the “Request for Exemption” to be sent on your behalf to the email listed above.

TO BE COMPLETED BY DDSN – DIVISION OF HUMAN RESOURCES

Exemption Approved: Yes No

Duration of Accommodation (if applicable): _____

Human Resources Staff Signature

Date: _____