

AFFILIATE ATTESTATION FORM
RELIGIOUS ACCOMMODATION WITH RESPECT TO COVID-19 VACCINATION REQUIREMENT

This form is for RRH affiliates that have made a determination that an individual has a valid religious basis for an accommodation with respect to the COVID-19 vaccine requirement established by 10 NYCRR § 2.61. Please submit the completed form via email to Accommodations@RochesterRegional.org.

INDIVIDUAL INFORMATION

1. Name (Individual Seeking Exemption/Accommodation):	2. Employer/School:
3. Position:	4. RRH Contact (Manager):
5. Employer/School Contact Person:	6. Employer/School Contact Email:
7. Employer/School Contact Phone:	8. RRH Facilit(ies) Impacted:

ATTESTATION

I, on behalf of _____, do hereby attest that _____
Employer/School listed in Box 2, above Individual listed in Box 1, above
has not received the COVID-19 vaccination, and that _____ has made the determination
Employer/School listed in Box 2, above

that such individual's sincerely-held religious belief prohibits this individual from doing so, and in accordance with the standards established by Title VII of Civil Rights Act of 1964 (Title VII standards are further explained in the Equal Employment Opportunity Commission guidance at <https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination>), this individual is entitled to a reasonable accommodation. I further attest that a confidential record of the request for an accommodation and determination, in accordance with applicable law, has been maintained and shall be provided at the request of Rochester Regional Health. I further attest that I am duly authorized and have the legal capacity to execute and deliver this attestation on behalf of the above named organization.

SIGNED:

Signature of Attestator

Print Name of Attestator

Date: _____