



Employee Vaccine Accommodation/Exemption Request Form

Division of Talent & Inclusion
100 Institute Road
Worcester, MA 01609

Questions? talent@wpi.edu or 508-831-5470

I, _____, am an employee, volunteer, or contractor at Worcester Polytechnic Institute (WPI). I hereby request an accommodation/exemption to WPI's COVID-19 vaccination requirement because of:

Accommodation due to my disability or medical condition. All requests for disability accommodations for the COVID-19 vaccination must be accompanied by a letter signed by your medical provider certifying that the medical provider has personally examined you and specifying the medical reasons why you should not be vaccinated against COVID-19. *Please describe the basis for your disability accommodation request:*

Accommodation due to my sincerely held religious belief, practice, or observance. I hereby certify that taking the COVID-19 vaccine would conflict with or violate my sincerely held religious beliefs. *Please describe the religious basis for your religious accommodation request:*

Exemption due to remote work status. I hereby certify that I work in a fully remote capacity and do not and will not physically come to campus for any reason. *Please attach a copy of your FlexWork Agreement.*

I understand that if my accommodation/exemption request is granted then WPI may require me to follow public health protective measures that may not be required of vaccinated individuals, including face coverings, testing, social distancing, quarantine, isolation, etc.

I swear under the **PENALTIES OF PERJURY** that the information on this form is truthful, complete, and accurate.

Name (print)

WPI Email

Signature

Date (month/day/year)

Employee ID

Please email this completed request and letter from your medical provider, if required, to talent@wpi.edu.