



Request for Religious Exemption from Mandatory Vaccination

Applicant Information

Name:

Position Applied/Pending:

Address:

Phone Number:

Email Address:

Effective immediately, all new hires to the City of Albany must be vaccinated against the COVID-19 virus unless granted a medical or religious exemption. The candidate/prospective employee is requesting a religious exemption.

Please complete the form below to request a religious exemption for this employee. Should you have any questions, please call the City of Albany- Human Resources Department at 518-434-5049. **Please scan or email the document to HR@albanyny.gov.**

My patient should not receive:

Covid-19 Vaccine

Please confirm that this MHS employee follows religious beliefs that would qualify for an exemption:

Name of religion _____

Name and address of religious organization _____

Nature of religious belief that forms the basis for the request for exemption:

Clergy Signature _____ Clergy Title _____

(Signature stamps not acceptable)

Printed Clergy Name _____ Date _____

Clergy phone# _____



Requests will be reviewed on a case-by-case basis by an Exemption Committee.