



WellU Request for an Alternative Option for a Medical, Religious or Personal Reason

Complete this request if you are unable to obtain the COVID-19 vaccination and would like to request an alternative WellU option to complete in place of the vaccine requirement. Employees who have an approved request will be notified of the alternative option.

Name:	UNID:
Dept.:	Position:
Email:	Phone:

I am requesting an alternative to the WellU COVID-19 vaccination requirement for the following reason:

Medical

Religious

Personal

Describe the medical, religious or personal belief or practice that necessitates this request:

I certify the above information to be true and accurate, and request an alternative to the COVID-19 vaccination requirement.

Signature

Date

HR USE ONLY		
Request:	Approved	Denied