



**Request for Exemption from COVID-19 Vaccine**

Name (print):	Date:
Employee ID:	Position:
Agency Name: SONIA INC	Work/Cell Phone:

I cannot receive the COVID 19 vaccine and request an exemption for the reason below.

- Religious
- Medical (Physician statement must be attached)

**Respite Care Provider Signature:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HR USE ONLY**

Date of initial request: \_\_/\_\_/\_\_

Accommodation request:

- Approved \_\_/\_\_/\_\_

Describe specific accommodation details: \_\_\_\_\_

- Denied \_\_/\_\_/\_\_

Describe why accommodation is denied: \_\_\_\_\_

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**Respite Office:**  
1100 Rose Drive, Suite #140  
Benicia, Ca 94510  
(707) 644-4491

**Corporate Office:**  
340 Panno Drive, Suite #7  
Brawley, Ca 92227  
(888) 644-4491