



## PERSONAL BELIEF EXEMPTION REQUEST FORM

**Please complete the following information:**

Full Name:	Department:
CCM Email:	Ext. Number:
Date of Request:	Return to <a href="mailto:hrcovid@ccm.edu">hrcovid@ccm.edu</a>

County College of Morris (CCM) is committed to diversity and inclusiveness of members of the college community. If you have a personal belief which conflicts with CCM's COVID-19 vaccination requirement and wish to request an exemption from this requirement, please acknowledge the agreement below.

Details regarding your request:

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### **VERIFICATION and ACCURACY**

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship at County College of Morris.

I understand I must provide weekly COVID-19 PCR tests to [hrcovid@ccm.edu](mailto:hrcovid@ccm.edu) showing a negative result. This process will remain in effect until guidelines have been updated.

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

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

**Please return this form no later than  
September 24, 2021 to [hrcovid@ccm.edu](mailto:hrcovid@ccm.edu)**