

Request for Creed Accommodation

To reduce the risks associated with COVID-19 and to continue to promote a healthy environment in which to learn, work and live, The Sir Sandford Fleming College of Applied Arts and Technology (“College”) requires that individuals be vaccinated against COVID-19 as a condition of attending Campus.

Requests for accommodation under the College’s *COVID-19 Vaccine Requirement Policy* on creed grounds will be considered on an individual basis.

PLEASE READ CAREFULLY:

- Requests for Creed Accommodation will be considered upon completion and submission of the required documentation.
- A Creed Accommodation may be granted upon receipt and review of the required documentation signed and certified by a creed leader.
- All granted accommodations are subject to revaluation at any time due to a change in circumstances or as may be required to best comply with applicable federal, provincial or local public health regulations, guidelines and directives.
- Accommodations, if granted, may vary from person to person and access to Campus is not guaranteed.
- Individuals with an approved accommodation will be notified in writing through their Fleming College email.
- Incomplete applications will not be reviewed. Requesters who submit incomplete applications will receive notification through their Fleming College email that their application is incomplete and as such, will not be considered.
- The College reserves the right to make inquiries to verify and assess the need for an accommodation as well as verify the authenticity of documents submitted in support of an accommodation request.
- Decisions are final and are not subject to appeal. Individuals are permitted to reapply if new documentation and/or information becomes available.
- This Creed Accommodation only applies to requests for accommodations related to the College’s *COVID-19 Vaccine Requirement Policy*. If you are seeking academic or workplace accommodations for other purposes, you will be required to make a separate application in accordance with existing procedures. If you have a previously approved accommodation, you must still submit this form if you wish to be considered for a COVID-19 vaccination accommodation.

Notice of Collection

The personal information on this form is collected under the legal authority of *O. Reg. 364/20* and will be used for the purposes of administering the College’s *COVID-19 Vaccination Requirement Policy* (College Policy #1-113) and communicating with you about your accommodation request. Any questions about this collection can be directed to the Privacy and Policy Officer at freedomofinformation@flemingcollege.ca or 599 Brealey Drive, Peterborough, ON K9J 7B1.

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Section 1 – Requester Information				
Last Name		First Name		DOB (yyyy/mm/dd)
Student Number/Employee Number		Phone Number	Email Address	
Home Address				
Unit Number	Street Number	Street Name		PO Box
City/Town		Province		Postal Code
Residence Building (if applicable) or Campus			Program (if applicable)	

The requirements of The Sir Sandford Fleming College of Applied Arts and Technology's *COVID-19 Vaccine Requirement Policy* (College Policy #1-113) conflict with my sincerely held convictions based on my creed. Therefore, I request a COVID-19 vaccination accommodation.

Please provide an explanation as to the basis for your request for accommodation on grounds of creed, including the nature of your sincerely held creed belief and how/why it prevents you from being vaccinated for COVID-19 in the blank space below. If you require additional space, please attach a separate sheet, and be sure to include your full name on the top of the additional page.

I affirm that the foregoing is true, accurate and complete. I understand that making a false statement on this form may result in the engagement of the College's *Student Rights and Responsibilities Policy* (College Policy #5-506) and/or disciplinary action up to and including termination of employment for employees.

I understand that the College reserves the right to make inquiries to verify and assess the need for an accommodation as well as to verify the authenticity of documents submitted in support of an accommodation request. I further understand that the College may request additional supporting information and/or documentation to substantiate my request for accommodation as may be necessary in the circumstances.

(Requester's Signature)

(Date)

(Witness' Signature)

(Witness' Printed Name)

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TO BE COMPLETED BY A CREED LEADER:

To reduce the risks associated with COVID-19 and to continue to promote a healthy environment in which to learn, work and live, The Sir Sandford Fleming College of Applied Arts and Technology ("College") requires that individuals be vaccinated against COVID-19 as a condition of attending Campus.

College student or College employee (*Requester's first and last name*) _____

_____ ("the Requester") is requesting a Creed Accommodation from being vaccinated against COVID-19.

CERTIFICATION

I certify that the receipt of a COVID-19 vaccination is not permitted under the (*creed*) _____

_____ faith/religious doctrine.

I certify that the Requester is a practitioner of the above creed and I support the request for a Creed Accommodation from the COVID-19 vaccine requirement at the College.

CREED LEADER INFORMATION

Name of Creed Leader and Title: _____

Name of Creed Organization: _____

Address: _____

Email: _____ Phone Number: _____

Signature of Creed Leader: _____ Date: _____

CONSENT TO COMMUNICATION - TO BE COMPLETED BY THE REQUESTER:

- I authorize the College to speak to my creed leader about my COVID-19 accommodation request and to request from the leader documentation that confirms my requirement for a Creed Accommodation for the COVID-19 vaccine.
- I do not authorize the College to speak to my creed leader about my COVID-19 accommodation request. I acknowledge and understand that by declining to provide this authorization, there may be delays in processing my application. Where the College is unable to ascertain sufficient information to approve the request through my supporting documentation they reserve the right to make one additional request for authorization to speak to my creed leader. I acknowledge and understand that I may provide or decline authorization upon receipt of this additional request.

(Requester's Signature)

(Date)

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