

CERTIFICATION:

By my signature below, I acknowledge that I have read and fully understand the information on this form. I understand that I am an employee or visitor (including a student) at the University of Georgia and under the Safer Federal Work Force Task Force guidance I am required to wear a mask unless I am granted an exemption. With knowledge of the above, I am requesting an exemption from the mask-wearing requirement for the reasons stated above in Question 1. I further certify that wearing a mask would substantially burden my sincerely-held religious belief, practice, or observance in the manner described above in Question 2 and that this is the reason for my exemption request. I agree that if I am granted an exemption, I will comply with the requirements as set out as part of that exemption, which includes following social distancing guidelines, among other safety requirements as the University deems necessary and appropriate.

Employee Signature:

Date

Employee Name:

UGA MyID:

UGA E-mail:



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