



## AFFIDAVIT

### Religious Belief

AFFIDAVIT OF \_\_\_\_\_ (name)

I, \_\_\_\_\_ (full name), currently employed as \_\_\_\_\_ (position) at \_\_\_\_\_ (department) within the federal public service, MAKE OATH OR SOLEMNLY AFFIRM AND SAY AS FOLLOWS:

1. The requirements of the *Vaccination Policy for the Core Public Administration* conflict with my sincerely held religious belief or practice that prohibits me from receiving the COVID-19 vaccine.
2. The nature of this sincerely held religious belief or practice is as follows (*please describe the reasons why your religious belief prohibits you from receiving the COVID-19 vaccine*).

a. \_\_\_\_\_

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Sworn (or Affirmed) before me at  
the \_\_\_\_\_ (*City, Town,  
etc.*) in the  
\_\_\_\_\_ (*County,  
Regional Municipality, etc.*) on  
\_\_\_\_\_ (*date*).

Signature of Deponent

## Commissioner for Taking Affidavits

Printed name of Commissioner for Taking  
Affidavits

**THE AFFIDAVIT MUST BE SIGNED BEFORE A COMMISSIONER FOR TAKING AFFIDAVITS.**  
**IT IS A CRIMINAL OFFENCE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.**

## Employee Acknowledgement

### Privacy Statement

The purpose for collection and use of this information is to fulfill the responsibility of your employer to ensure the health and safety of employees. This is a requirement under section 124, Part II of the *Canada Labour Code* and under the Vaccination Policy for the Core Public Administration. Personal information is collected pursuant to section 7 and 11.1 of the *Financial Administration Act* and in accordance with the *Privacy Act*. Information supplied on this form will be used to consider your request for accommodation in accordance with the Vaccination Policy and the Directive on the Duty to Accommodate.

The personal information will be used to determine the context of your request for accommodation. The aggregate of your personal information (whether or not you are vaccinated and what accommodation measures are put in place to support your employment) will also be used by your organization and TBS to monitor and report on the overall impact of COVID-19 and compliance with the vaccination program both within the organization and for the Core Public Administration, as described in standard personal information bank PSE 907, [Occupational Health and Safety](#).

Refusal to provide the requested information to support your accommodation request may result in administrative consequences as outlined in the Policy.

### Early disposal of personal information

You may consent to have this Religious Affidavit disposed prior to the retention periods set out in accordance with Section 4(1)(a) of the *Privacy Regulations* once the accommodation decision has been communicated and is finalized. Should you not wish to consent to the early disposal, the information will be retained in accordance with departmental retention schedules:

- I consent to the early disposal
- I do not consent to the early disposal

Under the *Privacy Act*, you have the right to access your personal information and request corrections to your information. Should you wish to exercise your rights under the *Privacy Act*, or have any questions about this statement, please contact your organization's [ATIP Coordinator](#). You have the right to file a complaint with the [Office of the Privacy Commissioner](#) about the handling of your personal information.

### **HUMAN RESOURCES USE ONLY:**

Date received: (DD/MM/YY)

Date reviewed: (DD/MM/YY)

Reviewing Signature: