



**DIVISION OF  
WORKERS'  
COMPENSATION**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**RESCISSION LETTER**

Re: Religious Exception Rescission  
Dear Division of Workers' Compensation:

My full name and date of birth is \_\_\_\_\_  
*(Print Full Name and Date of Birth)*

and I previously received a religious exception from Missouri's Workers' Compensation Law based, in part on my employment with \_\_\_\_\_  
*(Print name of Employer)*

As of \_\_\_\_\_, I am no longer an employee of said company and am requesting a rescission of  
*(Date Last Worked)*

that religious exception. I understand religious exceptions are approved based on the specific employee/employer relationship, identified at the time of application, and I should seek separate religious exceptions for any current and future employers.

My address is \_\_\_\_\_  
*(Print Full Address)*

and my phone number is \_\_\_\_\_ in case you have any questions or concerns regarding  
*(Phone Number)*  
this rescission.

Sincerely,

\_\_\_\_\_  
*(Legibly Print Name)*

\_\_\_\_\_  
*Signature*