



**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