

Written Notice to My Employer or School
Asserting My Choice Not to Assist in the Abortion Process

I, (*please print name*) _____, am providing this written notice that I choose to fully exercise my right not to recommend, aid, perform, or participate in any process for abortions connected with the UW, Meriter Hospital or the Madison Surgery Center, before, during, or after the abortions. I sincerely hold a moral and/or religious belief against my being involved.

My right is protected by Wisconsin Statute § 253.09 and other laws, and it applies to any kind of employee or student. No “hospital, school or employer” may penalize me or negatively change my job conditions because of my choice to opt-out, including the Madison Surgery Center, Meriter Hospital, the UW Hospital and Clinics, the UW Medical Foundation, and the UW School of Medicine. Employers may not reject my opt-out choice just because they disagree with my beliefs.

I have the right to consult an attorney confidentially about this matter. Officials at UWHC have promised to honor employees’ right to opt-out, and I am relying on their promises in submitting this form. This notice supersedes any statement, written or oral, that I may have previously made about my willingness to assist abortion, and I reserve the right to supplement this form.

If my employer decides to force me to aid in the abortion process in any way, despite my choice to opt-out, *I ask that they notify me in advance* so that I may seek legal counsel to determine whether their requirement is illegal and if I will comply.

Signature of Employee, Contractor or Student

Date

Name of Supervisor(s) to whom I presented this form

(Employee should retain a signed copy for his or her own records)