# RELIGIOUS ACCOMODATION REQUEST FORM - COVID-19 VACCINATION

TO REQUEST AN EXEMPTION FROM REQUIRED VACCINATIONS DUE TO A SINCERELY HELD RELIGIOUS BELIEF YOU MUST COMPLETE THIS FORM AND SUBMIT TO [EMPLOYER CONTACT].

If you prefer not to complete this form, please contact [Employer contact] to schedule a phone or virtual meeting to make your accommodation request and engage in interactive dialogue.

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| **Employee Name** | | **Date of Request** | | |
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| **Department** | | **Division** | | |
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| **Position** | **Supervisor** | | | **Phone Number** |
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| **Religious Exemption Request** | | | | |
| I am requesting a religious exemption to the mandatory COVID-19 vaccination as required by [Employer]’s vaccination policy.  **Describe the religious belief, practice or observance that is the basis for your request:**  **How does this religious belief, practice or observance conflict with [Employer]’s COVID-19 vaccination requirement:**  I declare that the information I have provided is true and correct to the best of my knowledge and ability. I understand that any falsified information can lead to disciplinary action, up to and including termination.  I further understand that [Employer] is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or create an undue hardship for [Employer]. | | | | |
| **Employee Signature** | | | | |
|  | | | | |
| **Print Name** | | | **Date** | |
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**Human Resources Use Only**

Date of initial request: \_\_\_/\_\_\_/\_\_\_\_ Date certification received: \_\_/\_\_/\_\_\_\_

Accommodation request APPROVED DENIED (circle one) Date: \_\_/\_\_/\_\_\_\_

If approved, accommodation details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_