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| Accommodation Request Form – Religious Exemption From COVID-19 Vaccine |
| Company Name’s COVID-19 vaccination policy is a demonstration of our commitment to protecting the health and safety of our employees and community at large. However, is also committed to complying with all applicable laws protecting employees’ religious beliefs and practices. Therefore, upon request, will provide a reasonable accommodation for an employee whose religious beliefs and practices prohibit them from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the organization or pose a threat to the health or safety of others in the workplace.  To request an exemption from ’s COVID-19 vaccination policy, please complete this accommodation request and return it to [Human Resources]. [Human Resources] will use this information to engage in an interactive process to determine accommodation eligibility and identify possible accommodations.  Employee Name Date   |  |  | | --- | --- | |  |  | |
| Department Name of Immediate Supervisor   |  |  | | --- | --- | |  |  | |
| Explain Reason for Request   |  | | --- | |  | |
| If requested, can you obtain documentation to support the need for religious accommodation?  No  Yes  If “no,” please explain why: |
| I hereby verify that the above information is accurate, and I understand that any intentional misrepresentation within this request may result in disciplinary action.  Employee Printed Name Date   |  |  | | --- | --- | |  |  |   Employee Signature Date   |  |  | | --- | --- | |  |  |   FOR [HUMAN RESOURCES] USE ONLY  Approved  Denied—Explain:  Signature of [Human Resources] Date   |  |  | | --- | --- | |  |  | |