

## Request for Accommodation for Religious Beliefs

[FACILITY] will provide a reasonable accommodation for an employee's sincerely held religious belief if the accommodation would resolve a conflict between the individual's religious beliefs or practices and a work requirement, unless doing so would create an undue hardship for [FACILITY]. To request a religious accommodation in response to [FACILITY]'s COVID-19 vaccination requirement, please complete the section below and return this form to the Human Resources Department.

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

Please explain on what basis you are requesting a religious accommodation from [FACILITY]'s COVID-19 vaccine requirement:

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Please described the nature of your sincerely held religious belief or religious practice or observance that supports your accommodation request and conflicts with the [FACILITY]'s COVID-19 vaccine requirement:

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Do you have any written statements or other documents explaining or supporting the nature of your position, as it relates to the COVID-19 vaccine? If YES, please identify and describe the nature of the document:

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In some instances, [FACILITY] may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). For example, and if requested, can you provide documentation or additional information to support your belief(s) and need for an accommodation?

Yes

No

46621019 v1

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17357310v1

If no, please explain why:

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I verify that the information I am submitting to substantiate my request for an accommodation is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

Employee Signature:	Date:
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**HR USE ONLY**

Employee's Name: \_\_\_\_\_

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

Date form received: \_\_/\_\_/\_\_\_\_

Interactive discussion date(s) if applicable: \_\_\_\_\_

Accommodation request:

Approved \_\_/\_\_/\_\_\_\_

Describe specific accommodation details:

\_\_\_\_\_

Denied \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied:

\_\_\_\_\_

Name of HR Representative

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_