

# REQUEST FOR RELIGIOUS EXEMPTION/ACCOMMODATION RELATED TO COVID-19 VACCINE

This framework is applicable to flu shots and other employer-mandated vaccines. Thus, the references to COVID-19 may be revised to encompass any other vaccinations that the employer requires.

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\_\_\_\_\_ is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the Company is committed to complying with all laws protecting employees' religious beliefs and practices. When requested, the Company will provide an exemption/reasonable accommodation for employees' religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the Company or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to the Company's COVID-19 vaccination policy, please complete this form and return it to Human Resources. This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, the employee's refusal may impact the Company's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

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**PART 1 – TO BE COMPLETED BY EMPLOYEE:**

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Please explain below why you are requesting an Exemption/Accommodation:  
In some cases, the Company will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification and Accuracy**

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**PART 2 – TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE**

Date this Request Form Received in Human Resources: \_\_\_\_\_

Interactive Discussion Date(s) if applicable: \_\_\_\_\_

Exemption/Accommodation granted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions

required: \_\_\_\_\_

\_\_\_\_\_

If Exemption/Accommodation not granted, explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Representative: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Date: \_\_\_\_\_