



COVID-19 Religious Accommodation Request Form

Policy Statement & Instructions:

Consistent with federal, state and local law, the Company provides reasonable accommodation for individual's sincerely held religious beliefs, practices, and observances unless providing a reasonable accommodation would result in undue hardship to the business. If you are seeking an accommodation from the COVID-19 vaccination program due to religious reasons, please complete this form and return it to [REDACTED]

We request you complete this form because, in some cases, a person's religious beliefs may be more subjective than objective. If your religious accommodation is not required by the tenets of a specific religion, the Company will need to understand the basis and source of your religious beliefs to reasonably assess whether your request qualifies for a religious accommodation. This is the reason for many of the questions below. The information you provide will allow us to evaluate your request and decide whether we can grant an accommodation in this instance. It is possible that more information will be necessary to evaluate your request, and if so, we will follow up with you for more information or documentation. We will inform you once a decision is made on your request.

Company Expectations for Cooperation and Honesty:

As COVID-19 continues to significantly challenge our employees, customers and business, it is more important than ever to work cooperatively with one another. The Company respects employee religious and personal beliefs but also expects employees to cooperate as the Company evaluates accommodation requests, including but not limited to providing true and accurate information in furtherance of accommodation requests. If the Company determines employees have failed to cooperate with its reasonable information requests or employees have acted dishonestly in advancing such requests, it may deny the accommodation request and, if appropriate, take disciplinary action including potentially terminating an employee's employment.

Employee Name: _____

Position: _____

Department: _____

- 1. Please describe in detail the provision(s) of the Company's COVID-19 vaccination program from which you are seeking accommodation and the accommodation you are requesting.

- 2. Please identify the religious belief, practice, or observance that is causing you to seek the accommodation identified in response to Question No. 1.

3. Please describe the conflict between such religious belief, practice, or observance and the provision(s) of the COVID-19 vaccination program identified in response to Question No. 1.

4. Is the religious belief, practice, or observance you identified in response to Question No. 2 based on an organized religious faith to which you belong, and if so, please describe?

5. If your request for accommodation is not based on an organized religious faith to which you belong, please describe the basis for the religious belief, practice, or observance you have identified in response to Question No. 2.

6. If your request is related to receiving the COVID-19 vaccine, please answer the following questions:

a. Have you received other vaccinations previously? If so, please describe why the religious belief, practice, or observance you have identified did not prevent you from getting that vaccination(s).

b. Would receiving a COVID-19 vaccine interfere with your ability to practice your religion? If so, please explain.

7. Please describe how the religious belief, practice, or observance you have identified in response to Question No. 2 affects other aspects of your life, such as if it prevents you from receiving certain medical care.

8. Please describe any workplace changes you are seeking if you do not participate fully in the COVID-19 vaccine program, other than the accommodation request identified in response to Question No. 1.

9. Is there anything else you would like the company to know about your request for accommodation? If so, please provide that information here or attach any documents you wish to provide.

Employee Acknowledgment: I acknowledge that I have read and understand this request form and that all statements made above are complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that the accommodation requested above may not be granted if I have not identified a religious belief, practice, or observance that conflicts with the COVID-19 vaccination program or if the accommodation is not reasonable or imposes an undue hardship.

Date: _____

Signature: _____

Name: _____