

# RELIGIOUS ACCOMMODATION REQUEST FORM FOR CORONAVIRUS VACCINE

## Part 1: To be completed by employee

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

Date of request: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Length of time the accommodation is needed: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for accommodation:

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Describe any alternate accommodations that might address your needs:

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I have read and understand my Employer's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that my Employer will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that my Employer may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: To be completed by the employee's immediate supervisor**

Describe the requested accommodation:

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Evaluation of impact (if any): \_\_\_\_\_

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, provide an explanation:

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Immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human resources director: \_\_\_\_\_ Date: \_\_\_\_\_