

## **RELIGIOUS ACCOMMODATION REQUEST FORM**

Applicant or Team Member Name:

Date of Request:

Email Address: Telephone Number:

Work Extension:

Team Member Position:

Department:

Manager Name:

## **Questions to Clarify Accommodation Request:**

Please describe the nature of your objection to the COVID-19 vaccination requirement.

Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.

Please provide any additional information that may be helpful in reviewing your request, including:

1. How long you have held the religious belief underlying your objection?

2. Is your objection to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines?

3. Have you received vaccines as an adult against any other diseases? (such as a flu vaccine or a tetanus vaccine)

Is there any other information that may be helpful to the Exemption Review Committee? (attach additional pages if necessary):

I have voluntarily completed this employee request form for a religious accommodation to the COVID-19 vaccine mandate and all information provided is true and accurate. I hereby certify that the information above is correct to the best of my knowledge and understand that falsification of this information is grounds for disciplinary action, up to and including termination. I understand that all information obtained during this process will be maintained and used in accordance with the T.J. Regional Health COVID-19 Vaccination Policy.

Team Member Signature:

Date:

## Accommodation Decision:

Approved as requested

Approved but different from the original request

Denied

If Request Denied: (Please state reason):

If the accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation:

Reviewed by:

Name: Date: