

COVID-19 RELIGIOUS ACCOMMODATION EMPLOYEE FORM

Name: _____ Department: _____

Date: _____

Immediate supervisor: _____

Requested accommodation: COVID-19 vaccination exemption

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

Describe any alternative accommodations that might address your needs:

My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that religious accommodations are within my rights as an employee to have religious accommodations provided by my employer.

Employee signature: _____ Date: _____

Pastor Name: _____ Signature: _____

Church Name: _____ Address: _____