## Accommodation Request Form – Religious Exemption From COVID-19 Vaccine

INSERT SHOP NAME's COVID-19 vaccination policy is a demonstration of our commitment to protecting the health and safety of our employees and community at large. However, INSERT SHOP NAME is also committed to complying with all applicable laws protecting employees' religious beliefs and practices. Therefore, upon request, INSERT SHOP NAME will provide a reasonable accommodation for an employee whose religious beliefs and practices prohibit them from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the organization or pose a threat to the health or safety of others in the workplace.

To request an exemption from INSERT SHOP NAME's COVID-19 vaccination policy, please complete this accommodation request and return it to [Human Resources]. [Human Resources] will use this information to engage in an interactive process to determine accommodation eligibility and identify possible accommodations.

| Employee Name  |                              | Date |
|--|------------------------------|------|
|  |                              |      |
| Department   | Name of Immediate Supervisor |      |
| Explain Reason for Request   |                              |      |
|  |                              |      |
|  |                              |      |
|  |                              |      |
|  |                              |      |
|  |                              |      |
| If requested, can you obtain documentation to support the need for religious accommodation?  |                              |      |
| ☐ No ☐ Yes   |                              |      |
| If "no," please explain why:   |                              |      |
| I hereby verify that the above information is accurate, and I understand that any intentional misrepresentation within this request may result in disciplinary action. |                              |      |
| Employee Printed Name  |                              | Date |
|  |                              |      |
| Employee Signature   | Date                         |      |
|  |                              |      |
| FOR [HUMAN RESOURCES] USE ONLY   |                              |      |
| ☐ Approved ☐ Denied—Explain:   |                              |      |
| Signature of [Human Resources]   |                              | Date |
|  |                              |      |