



Employee Request for Religious Accommodation (COVID-19 Vaccination)

To request a religious accommodation from COVID-19 vaccination requirements, employees should use this form to certify that they hold a sincere religious belief that conflicts with the vaccination requirement. This information will be kept in a confidential file separate from the personnel file, and access will be limited to those with a need-to-know.

EMPLOYEE CERTIFICATION

Employee Name: _____

Employee Department/Division: _____

Employee Job Title: _____

Supervisor/Manager: _____

I understand that:

- Due to my occupational duties and the facility where I work, I may be at risk of exposure to COVID-19 despite the County's efforts to minimize such exposure.
- I have access to [information about COVID-19 vaccines](#) and understand that the CDC states that vaccines are effective at helping protect against severe disease and death from COVID-19 and that vaccines reduce the risk of spreading COVID-19.
- I can be vaccinated against COVID-19 free of charge.
- If I am not vaccinated, I will be required to comply with additional risk mitigation and safety measures to reasonably accommodate my religious beliefs, such as continued face covering while indoors and completing routine surveillance testing on a weekly or twice-weekly basis, depending on my position.
- If I am granted an accommodation from this vaccination requirement, circumstances may change and the County may need to modify or revoke the accommodation if it is no longer reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or me, or if it creates an undue hardship for the County.

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I request an exemption from the COVID-19 vaccination requirement based on my sincerely held religious beliefs, practices, or observances that conflict with that vaccination requirement.

- My religion or belief system is: _____

_____.

- My religion or belief system requires me to abstain from COVID-19 vaccination because:
(briefly describe the specific tenet, practice, or observation that conflicts with the COVID-19 vaccination requirement and how you follow it)

_____.

I understand that the County may request additional supporting information to verify the nature and sincerity of my stated religious beliefs, practices, or observances before granting my religious accommodation.

I understand that providing any false information—including claiming a religious accommodation that is based on a belief I do not sincerely hold—may lead to disciplinary action, up to and including termination of employment.

I certify that the foregoing is true and correct.

Employee Signature

Date