

**RELIGIOUS ACCOMMODATION REQUEST FORM  
FOR COVID-19 VACCINATION**

To promote a safe and healthful workplace for employees, and to promote the health and safety of students and employees working and learning on the District's campus and facilities, and members of the community, the District requires that all students and employees be fully vaccinated against COVID-19 by August 23, 2021. Employees and students may use this form to request a religious accommodation if they have a sincerely held religious belief, practice, or observance that conflicts with the District's requirement that all employees and students be fully vaccinated against COVID-19.

**Section A: General Information**

Employee/Student Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Employee Job Title: \_\_\_\_\_  
Employee Supervisor: \_\_\_\_\_  
Employee Department: \_\_\_\_\_  
Employee Worksite: \_\_\_\_\_

**Section B: General Position and Worksite Information**

Please check all that currently apply to you:

- I am a District student engaged in learning on-campus
- I perform work onsite at a District campus or facility
- I interact with students, employees, visitors or members of the public while performing my job duties.
- I perform work in shared or communal areas where students, employees, visitors, or members of the public may also be present

**Section C: Description of Religious Belief, Practice, or Observance**

Please describe your sincerely held religious belief(s), practice(s), or observance(s) that conflicts with the requirement that you receive a COVID-19 vaccination:

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**Section D: Requested Accommodation**

Please describe the accommodation you are requesting:

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The District will consider your preferred accommodation and other possible accommodations that would resolve the conflict between your religious belief(s), practice(s), or observance(s) and will select and implement the accommodation that it deems effective, which may include, but is not limited to: (1) job restructuring or job reassignment; (2) modification of work practices; (3) alteration to worksite location; or (4) personal protective equipment.

An accommodation must enable employees to meet the essential functions of their job.

My signature below indicates that the information I have provided in this form accurately reflects my sincerely held religious belief(s), practice(s), or observance(s) and its conflict with the District's requirement that all students and employees be fully vaccinated against COVID-19. I also understand that in evaluating my request for an accommodation, the District may require me to provide additional supporting documentation and may not grant my request if it creates an undue hardship on the conduct of the District's operations.

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Employee or Student Signature

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Date