



ELITE PREMIER NURSES, LLC

Accommodation Request Form – RELIGIOUS EXEMPTION From COVID-19 Vaccine

EPN'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, we are also committed to complying with all applicable laws protecting employees' religious beliefs and practices. Therefore, upon request, will provide a reasonable accommodation for an employees 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 work place.

To request an exemption from EPN's vaccination policy, please complete this accommodation request and return it to Heather I the EPN office. Tammy Selleck will use this information to engage in an interactive process to determine accommodation eligibility and identify possible accommodations.

Employee Name

Date

Discipline

Name of Supervisor

Explain Reason for Request



ELITE PREMIER NURSES, LLC

If requested, can you obtain documentation to support the need for religious accommodation?

NO YES

If "no," Please explain why:

[Empty box for explanation]

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

[Empty box for Employee Printed Name and Date]

Employee Signature

Date

[Empty box for Employee Signature and Date]

FOR [Human Resources] USE ONLY

APPROVED DENIED – Explain:

Signature of [Human Resources]

Date

Tammy Selleck 11/30/2021

Printed Name of [Human Resources]

Date

Tammy Jo Selleck 11/30/2021