

Accommodation Request Form – Medical Exemption From COVID-19 Vaccine

's COVID-19 vaccination policy is a demonstration of our commitment to protecting the health and safety of our employees and community at large. is also committed to complying with all applicable laws protecting employees with disabilities and/or medical conditions. Therefore, upon request, will provide an exemption/accommodation for any known medical condition or disability that prevents the employee 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 's COVID-19 vaccination policy, please complete the first section of this form and have a medical provider complete the following section. Upon completion, return this form along with any supporting documentation to [Human Resources]. [Human Resources] will use this information to engage in an interactive process to determine exemption/accommodation eligibility and identify possible reasonable accommodations.

FOR EMPLOYEE

Name

Date of Request

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Current Position or Position Applied For

Name of Immediate Supervisor

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I hereby verify that the information I am submitting in support of my request for an exemption is accurate, and I understand that any intentional misrepresentation contained within may result in disciplinary action.

Employee Signature

Date

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FOR MEDICAL PROVIDER USE ONLY

Employee Name

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requires COVID-19 vaccination as part of its COVID-19 vaccination policy. The employee named above is requesting a medical exemption from this vaccination requirement. Please complete the below section of this form to assist in the accommodation process. Please direct any questions to [insert contact] at [insert contact information].

Explain why the person named above should not receive a COVID-19 vaccine:

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This exemption should be:

Temporary—Expiration Date:

Permanent

I certify that this information is accurate and that [insert employee name] has the above contraindication. I request a medical exemption from the COVID-19 vaccine requirement for the employee.

Signature of Medical Provider

Date

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Name of Medical Provider

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Address of Medical Practice

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Phone Number

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FOR [HUMAN RESOURCES] USE ONLY

Approved—Explain:

Denied—Explain:

Signature of [Human Resources]

Date

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Attachment B Accommodation Request Form – Religious Exemption From COVID-19 Vaccine

'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, is also committed to complying with all applicable laws protecting employees' religious beliefs and practices. Therefore, upon request, 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 '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
<input type="text"/>	<input type="text"/>

Department	Name of Immediate Supervisor
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>

Employee Signature	Date
<input type="text"/>	<input type="text"/>

FOR [HUMAN RESOURCES] USE ONLY

Approved Denied—Explain:

Signature of [Human Resources]	Date
<input type="text"/>	<input type="text"/>