



bedrockcare

Religious Accommodation Request Form

Part 1: To be completed by employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates this request for accommodation:

Describe any alternate accommodations that might address your needs:

I have read and understand Bedrock's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that Bedrock may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: _____ Date: _____

Part 2: To be completed by the employee's immediate supervisor

Describe the requested accommodation:

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. _____
2. _____
3. _____

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Immediate supervisor: _____ Date: _____

Manager of immediate supervisor: _____ Date: _____

Human resources director: _____ Date: _____



Request for Accommodation: Medical Exemption from Vaccination

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the Human Resources Department.

Section 1

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from Bedrock's mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from Bedrock's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Bedrock is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Bedrock.

Employee Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

Bedrock requires vaccination against Covid-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Bedrock in the reasonable accommodation process.

The person named above should not receive the Covid-19 vaccine due to:
This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____ <input type="checkbox"/> Permanent

I certify the above information to be true and accurate, and request exemption from the Covid-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

HR USE ONLY

Date of initial request: __/__/__ Date certification received: __/__/__

Accommodation request:

- Approved __/__/__
Describe specific accommodation details:

- Denied __/__/__
Describe why accommodation is denied:
