



HEADQUARTERS
2293 Tripaldi Way, Hayward, CA 94545
Phone 510.293.1993

**REQUEST FOR RELIGIOUS EXEMPTION/
ACCOMMODATION RELATED TO COVID-19 VACCINE**

California Hydronics Corporation, Inc. (the “Company”) is committed to providing equal employment opportunities without regard to any protected status, and a work environment that is free of unlawful harassment, discrimination, and retaliation. As part of this commitment, the Company complies with all laws protecting employees’ religious beliefs and practices. When requested, the Company will provide a vaccine exemption and a reasonable accommodation for employees’ sincerely held religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the Company or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to the Company’s COVID-19 vaccination policy, please complete the below form, and return it to Donna Kronenberg by **enter date**. This information will be used by HR or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, the employee’s refusal may impact the Company’s ability to adequately understand the employee’s request or effectively engage in the interactive process, and the request may be denied.

Accommodation requests are confidential, and the Company will not retaliate in any way against an employee for making a request.

To Be Completed by Employee:

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

Please explain below why you are requesting a vaccine exemption/reasonable accommodation for a sincerely held religious beliefs and practices:



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If additional information and/or documentation to support your request for an exemption for religious reasons is necessary, can you provide it? Yes No

If no, please explain why:

Employee Verification and Accuracy

I verify that the information I am submitting is true and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in the denial of my request and may result in disciplinary action, up to and including termination of my employment.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

Signature: _____

Date: _____

Print Name: _____
