

**COVID-19 RELIGIOUS ACCOMODATION EMPLOYEE FORM**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Requested accommodation: COVID-19 vaccination exemption

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Describe any alternate accommodations that might address your needs:

\_\_\_\_\_  
\_\_\_\_\_

My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that religious accommodations are within my rights as an employee to have religious accommodations provided by my employer.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor Name: \_\_\_\_\_ Signature: \_\_\_\_\_