

**COVID-19 VACCINATION  
RELIGIOUS REQUEST FOR REASONABLE ACCOMMODATION**

Name: (print)		SS#: Last 4 digits
Department:		DOB:
Job Title:		Date of Request:
Please state why the policy or practice conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").		
Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the policy or practice identified above.		
What is the accommodation or modification that you are requesting?		
Please provide any additional information that you think may be helpful in reviewing your request. For example: <ul style="list-style-type: none"> <li>• How long have you held the religious belief underlying your objection?</li> <li>• Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine; or some other subset of vaccines.</li> <li>• Where you have received vaccines as an adult against any other diseases (such as flu vaccine or a tetanus vaccine).</li> <li>• Provide written proof from religious faith.</li> </ul>		
<b>VERIFICATION:</b> I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation or falsification of documentation supporting this request may result in disciplinary action. I also understand that a request for an accommodation may not be granted if it poses a direct threat to the health/or safety of others in the workplace and/or to me, or if creates an undue hardship on CRMC.		
Employee Signature:		
Date:		