**RELIGIOUS ACCOMMODATION STATEMENT**

**TO BE COMPLETED BY EMPLOYEE**

|  |  |
| --- | --- |
| Employee Name |  |
| Employee Number |  |

**TO BE COMPLETED BY A RELIGIOUS OFFICIAL OR OTHER PERSON KNOWLEDGEABLE OF THE EMPLOYEE’S FAITH/BELIEFS**

|  |  |
| --- | --- |
| Name of Religious Official or Other Person Knowledgeable of the Employee’s Faith/Beliefs |  |
| Religious Official or Knowledgeable Person’s Business Address and Email |  |
| If applicable:  Name of Religious Official & Title |  |

**In the space below, please provide a written statement supporting the basis of the employee’s religious belief, practice, or observance which conflicts prevents the employee from getting a COVID-19 vaccine.** Your statements may reference your discussions with the employee regarding the nature and/or tenets of their asserted beliefs, and information about how the employee observes or practices this belief.

*Please attach additional documentation, if necessary*. *Additional documentation can include written religious materials describing the employee’s religious belief(s), practice(s), or observance(s).*

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| --- | --- |
| **EMPLOYE NAME** | **EMPLOYEE ID** |

Continued Statement *You may attach additional pages, if necessary.*

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***I certify that my statements above are true and accurate.***

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| --- | --- |
| Printed Name |  |
| Title, if applicable |  |
| Signature |  |
| Email Address &  Phone Number |  |

**FOR COMPANY USE ONLY: FORM RECEIVED ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**