



Human Resources

450 110th Ave NE, Bellevue, WA 98004

COVID Vaccination Religious Reasonable Accommodation Request Form

Governor Inslee's Proclamation 21-14.1 requires City of Bellevue employees covered by the Proclamation to be fully vaccinated against COVID-19. An employee is not required to get vaccinated against COVID-19 if the requirement conflicts with their sincerely held religious beliefs, practice, or observance. Under the Governor's order, employees are prohibited from claiming an exemption or accommodation on false, misleading, or dishonest grounds, including by providing false, misleading, or dishonest information when seeking an accommodation.

To request a sincerely held religious accommodation to the requirements of the Governor's order, please complete this form and return it to Human Resources. This information will be used by Human Resources to engage in an interactive process to determine eligibility for an accommodation.

Part 1 – To Be Completed by Employee:

Name: _____

Date of Request: _____

Please explain your sincerely held religious belief, practice, or observance and the way in which the requirement to get vaccinated against COVID-19 conflicts with your sincerely held religious belief, practice, or observance.

Verification and Accuracy

I verify that the information I am submitting in support of my request for a sincerely held religious belief accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including termination.

Signature (Type Name to Sign): _____

Date: _____

Print Name: _____

Part 2 – To be completed by Human Resources Representative

Date this Request Form Received in Human Resources: _____

Interactive Discussion Date(s) if applicable: _____

Accommodation granted? Yes _____ No _____

Describe Accommodation Granted:

If Accommodation not granted, explain why:

Name of HR Representative: _____

Signature of HR Representative: _____

Date: _____

If Accommodation not granted, date of Review by HR Director: _____