COVID-19 Vaccine Requirement
Request for Reasonable Accommodation – Sincerely Held Religious Belief

In accordance with City of Bellingham Executive Order 2021-02, the City of Bellingham (the “City”) has made COVID-19 vaccination a condition of employment for all City employees.

Please complete this form if you hold sincere religious beliefs that are contrary to the practice of vaccination and you would like to request a reasonable accommodation. You may also complete the optional religious leader form, attached, to support your request. Please note that the City will not grant accommodations that are based on personal preference as opposed to a sincerely held religious belief, practice, or observance.

Requests for reasonable accommodations will be evaluated on a case-by-case basis. While the City will carefully review all requests for religious accommodations in an interactive manner, approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an accommodation has been granted or denied. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

Religious reasonable accommodation request process:
- Read the Key Things to Know About COVID-19 Vaccines (cdc.gov);
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;
- Optional: To further support your request, you may have your religious leader complete the Religious Organization Statement Form; and
- Submit the completed documents.
Please initial next to each of the statements below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Initial</th>
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<tbody>
<tr>
<td>I request a reasonable accommodation due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the City to the required vaccinations.</td>
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<tr>
<td>Should I contract COVID-19, I will immediately report it to my supervisor and comply with all isolation and quarantine procedures as recommended by Washington State and the CDC.</td>
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<tr>
<td>I acknowledge that I have read the <a href="https://www.cdc.gov">Key Things to Know About COVID-19 Vaccines</a>.</td>
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<tr>
<td>I understand and agree to comply with and abide by all the City’s COVID-19 policies and procedures.</td>
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<td>I understand that, if granted, any accommodation is provisional based on the current Washington State and the City’s COVID-19 vaccination policy and is subject to change.</td>
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<tr>
<td>I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand that, if granted, an accommodation may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this accommodation is false.</td>
<td></td>
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</table>

Printed Name: ________________________________
Signature: ____________________________________
Date: ____________________________

☐ By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

Date: ____________________________
Request for Reasonable Accommodation – Sincerely Held Religious Belief

Personal Statement Form

Name: ________________________________

In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this accommodation, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

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Please state what specific accommodation(s) you feel are needed. Please attach additional documentation, if necessary.

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I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: ________________________________
Signature: ________________________________
Date: ________________________________
Request for Reasonable Accommodation – Sincerely Held Religious Belief

Optional Religious Organization Statement Form

Name of Observant: _________________________________________________________________

Name of Religious Organization: ____________________________________________________

Religious Organization Address and Email: ______________________________________________

Name of Religious Leader and Title: ________________________________________________

For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the
observant’s faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19
vaccination. Please attach additional documentation, if necessary.

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I certify that my statement above is true and accurate and that the above-named observant is a member
of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the
COVID-19 vaccination.

Printed Name: ________________________________________________________________

Signature: ________________________________________________________________

Date: _______________________________________________________________