

## **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 \(cdc.gov\)](https://www.cdc.gov/media/releases/2021/s0511-covid-19-vaccines.html);
- 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:**

	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.
	Should I contract COVID-19, I will <u>immediately</u> report it to my supervisor and comply with all isolation and quarantine procedures as recommended by Washington State and the CDC.
	I acknowledge that I have read the <a href="https://www.cdc.gov/media/releases/2020/s110320-covid-19-vaccines.html">Key Things to Know About COVID-19 Vaccines (cdc.gov)</a> .
	I understand and agree to comply with and abide by all the City's COVID-19 policies and procedures.
	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.
	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.

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: \_\_\_\_\_



