

**City of Carnation ("Carnation") Religious Accommodation Request Form
For COVID-19 Vaccination Exemption Requests**

Part 1: To be completed by worker

Name: _____

Department and Location: _____

Date of request: _____

Immediate supervisor: _____

Position: _____

Please describe the religious beliefs that are the basis for your request for accommodation. Please attach additional pages if needed to document the full response:

Please explain how receiving a COVID-19 vaccine conflicts with your asserted strongly held religious beliefs, observances, or practices. Please attach additional pages if needed to document the full response:

How long have you held these religious beliefs? _____

Have you ever received a vaccination in the past? If so, under what circumstances?

If your religious tenets do not include objections to all vaccines, please explain why the COVID-19 vaccine is objectionable based upon your religious beliefs while at least some others are not. Please attach additional pages if needed to document the full response:

Describe the requested accommodation that would enable you to fulfill the essential functions of your position (e.g., what reasonable alternatives to the mandatory vaccination requirement would enable you to do your job while effectively reducing infection and serious disease to the same extent as being fully vaccinated for COVID-19, without creating an undue hardship to Carnation or a direct threat to yourself or others in the workplace):

Length of time the accommodation is needed: _____

Describe any alternate accommodations that might address your needs:

I have read and understand Carnation’s Mandatory COVID-19 Vaccination Policy, and I have answered the questions on this form truthfully, accurately, and completely. My religious beliefs, observations, and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that Carnation will attempt to provide a reasonable accommodation that does not create an undue hardship on Carnation. I understand that Carnation may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: _____ Date: _____

Part 2: To be completed by Carnation City Clerk/Acting City Manager

Evaluation of impacts (if any) of requested accommodation:

Approved: _____ Denied: _____

If the requested accommodation is denied, evaluation of alternative accommodations (if any):

Accommodation provided, if applicable:

If the individual cannot be reasonably accommodated, provide an explanation (e.g., why requested accommodation and any alternatives present an undue hardship to Carnation)¹:

Date employee was informed of the grant or denial of accommodation request:

Carnation City Clerk/Acting City Manager:

Date: _____

¹ Considerations relevant to undue hardship can include, among other things, the proportion of employees in the workplace who already are partially or fully vaccinated against COVID-19 and the extent of employee contact with non-employees, whose vaccination status could be unknown or who may be ineligible for the vaccine.