



Request for Accommodation: Religious Accommodation - COVID-19 Vaccination

Section 1: To be completed by employee

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|---------------|------------------|
| Name (print): | Date: |
| Department: | Position: |
| Supervisor: | Work/Cell Phone: |

Requested accommodation:

- exemption from COVID-19 vaccination):

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates this request for accommodation:

Describe any alternate accommodations that might address your needs:

I have read and understand the City of Orem's policy on religious accommodation related to the COVID-19 vaccination. My religious beliefs 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 the City will attempt to provide a reasonable accommodation that does not create an undue hardship on the City. I understand that the City of Orem may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: _____ Date: _____

Section 2: To be completed by the employee's immediate supervisor

Describe the requested accommodation:

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. _____

2. _____

3. _____

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Immediate supervisor: _____ Date: _____

Department Director: _____ Date: _____

Human Resources Division Manager: _____

Date: _____