

Request for Religious Exemption/Accommodation from COVID-19 Vaccine Requirement

Team Member Section: Complete the following information

Name (last, first, MI): _____ Team Member ID Number: _____

Email Address: _____ Best Phone Number: _____

Self Regional Healthcare (“Self Regional” or “SRH”) is committed to providing a safe workplace. As part of this commitment, and in accordance with applicable law, SRH and all its affiliates is requiring Team Members, Contractors, Students, Volunteers and Vendors to be fully vaccinated for COVID-19. Self Regional is also committed to complying with all laws protecting individuals with *sincerely held religious beliefs or practices*. Individuals who are otherwise qualified for their position and who have a *sincerely held religious belief or practice* that prohibits them from getting a COVID-19 vaccination can request a reasonable accommodation or exemption from Self Regional’s Mandatory COVID-19 Vaccine policy. SRH will grant a reasonable accommodation or exemption in accordance with any applicable federal, state, or local law, unless doing so would be prohibited by law and/or would result in (i) an undue hardship for SRH, or (ii) a direct threat to the health and/or safety of the Team Member or others.

Anyone requesting an accommodation or exemption relating to the COVID-19 vaccine to perform the essential functions of his or her job, should complete the form below and return to the SRH Human Resources department so SRH can engage in the interactive process with the requesting individual to determine whether a reasonable accommodation can be made. SRH will make determinations regarding requests for reasonable accommodations in its sole discretion and on a case-by-case basis, considering various factors and based on an individualized assessment of each situation. Self Regional is not required to implement the accommodation requested. ***Exemptions will not be granted based on personal, social, or political views.***

Requesting Party Information

Name:

Telephone Number:

Employee ID Number:

Email Address:

Position/Department:

Supervisor:

I request an exemption to the Self Regional Mandatory COVID-19 Vaccine Policy based on a *sincerely held religious belief, practice, or observance*.

- Please explain below why you are requesting an exemption or accommodation from receiving the COVID-19 vaccine:

- Please explain below why your sincerely held religious belief, practice, or observance prevents you from getting the vaccination for which you are requesting an exemption:

- Provide any additional information you think may be relevant to this request:

- If requested, can you provide documentation or information to support your request for an exemption or accommodation based on your sincerely held religious belief or practice? If not, please explain why below.

- Supporting documentation provided? YES__ NO__

By signing below, I acknowledge a reasonable accommodation is being requested. I agree to participate fully in the interactive process, including providing the appropriate documentation as applicable/requested. I acknowledge that my request for a reasonable accommodation or exemption may be denied in the event it poses an undue hardship on Self Regional or poses a direct threat to the health and safety of myself or others in the workplace. I verify that the above information is complete and accurate to the best of my knowledge.

Team Member Signature: _____ Phone # _____ Date: _____

Print Name: _____ Team Member ID: _____

Department: _____

FOR OFFICE USE ONLY:

Date Request Received:

Request Received By:
