

RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

If you wish to request a reasonable accommodation based on religious beliefs, please complete and return this form to VacExempt@fwps.org no later than **October 1, 2021**. If you prefer *not* to complete this form, and instead engage in interactive dialogue with a Human Resources representative, please contact us to schedule a phone or virtual meeting to request your accommodation.

Under federal and state law, "religion" is broadly defined. It includes traditional, organized religions such as Christianity, Judaism, Islam, Hinduism, and Buddhism. A religious belief may be individualistic, and it also includes religious beliefs that are new, uncommon, not part of a formal church or sect, or only held by a small number of people. Moral or ethical beliefs about what is right and wrong, which are sincerely held with the strength of traditional religious views, may meet the definition of a sincerely held religious belief. However, social, political, or economic philosophies, or personal preferences, are not "religious" beliefs under the law.

Federal Way Public Schools (FWPS) will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, FWPS is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

EMPLOYEE NAME

EMPLOYEE ID #

PLEASE ANSWER THE FOLLOWING

1. Please describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

2. Does your religious belief, practice, or observance lead you to object to (please check all that apply):
 - All medical treatment
 - All vaccinations
 - Only the COVID-19 vaccination

3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.

4. Briefly describe the accommodation you are requesting.

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:

I certify that I have read and understood the information provided in this request, and that I have truthfully completed it based on my knowledge, information, and belief. I understand that this form will be stored separately from my personnel file.

Employee Signature

Date

Human Resources Review - INTERNAL USE ONLY -

Form completed by (HR Rep Name or Employee Name): _____

Reviewed by: _____

Date: _____

Determination: APPROVED DENIED