



Sacramento
Employment and
Training
Agency

Request for Religious Exemption/Accommodation Related to COVID-19 Vaccine

SETA is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the Agency is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, the Agency will provide an exemption/reasonable accommodation for employees' religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested exemption/accommodation is reasonable and does not create an undue hardship for the Agency and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request a religious exemption/accommodation related to COVID-19 vaccine, please complete the following page and return to Human Resources. This information will be used by Human Resources to engage in an interactive process to determine eligibility and to identify possible accommodations. If an employee refuses to provide such information, the employee's refusal may impact the Agency's ability to adequately understand the employee's request or effectively engage in the interactive process.

To Be Completed by Employee:

Name: _____

Date of Request: _____

Please explain below why you are requesting a religious exemption/accommodation. (*You may use additional paper if necessary*).

In some cases, the Agency will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). Discussion regarding the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars may be needed to address your request for an exemption.

If requested, can you provide documentation to support your religious practice(s) or belief(s) and need for an accommodation? ____ Yes ____ No

If no, please explain why:

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Agency.

Signature: _____ **Date:** _____