# Request for Medical/Disability Accommodation Related to COVID-19

# [Vaccination, Masking or Testing]

# [COMPANY NAME] (the “Company”) is committed to complying with all laws protecting employees’ rights including those afforded under the Americans with Disabilities Act, Title VII, and other federal, state and local non-discrimatory laws. When requested, the Company will provide a reasonable accommodation for employees who fall within the parameters of these laws and regulations, provided the requested accommodation is reasonable and does not create an undue hardship for the Company or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee. To request an accommodation, please complete this form and return it to Human Resources. This information will be used by the appropriate personnel to engage in an interactive process to determine eligibility for, and to identify, possible accommodation(s). If you refuse to provide such information, such a refusal may impact the Company’s ability to adequately understand your request or effectively engage in the interactive process to identify possible accommodations.

*To request an exemption from required vaccinations, please complete Section 1 and 2 before returning this form to Human Resources.*

# Section 1

|  |  |
| --- | --- |
| Name (print): | Date of Request: |

I am requesting an exemption from [COMPANY NAME]’s [vaccination or masking/testing] policy.

I verify that the information I am submitting to substantiate my request for exemption from [COMPANY NAME]’s [vaccination or masking/testing] policy is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination and denial of the requested accommodation.

I further understand that [COMPANY NAME] my request for accommodation may not be granted if it is not reasonable if it causes an undue hardship on the Company or if it poses a direct threat to myself or others in the workplace.

|  |  |
| --- | --- |
| Employee Signature: | Date: |

# Section 2 – Medical Certification for Exemption/Accommodation

Employee Name:

Dear Medical Provider,

[COMPANY NAME] requires [vaccination against COVID-19 or masking/COVID-19 testing] as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist [COMPANY NAME] in the reasonable accommodation process.

|  |
| --- |
| **The person named above should not [receive the COVID-19 vaccine / wear a mask/test for COVID-19] due to:** |
| **This exemption should be:**   * Temporary, expiring on: / / , or when * Permanent |

I certify the above information to be true and accurate, and request exemption from the COVID-19 [vaccination or masking/testing] requirement for the above-named individual.

|  |  |
| --- | --- |
| Medical Provider Name (print): | |
| Medical Provide Signature: | Date: |
| Practice Name & Address: | Provider Phone: |

*The Company reserves the right to re-evaluate your requested accommodation in accordance with local, state and federal laws and based on business needs*.

**Request for Religious Accommodation Related to COVID-19**

**[Vaccination, Masking or Testing]**

[COMPANY NAME] (the “Company”) 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 Company is committed to complying with all laws protecting employees’ religious beliefs and practices. In certain circumstances, applicable law may entitle an employee who has a religious objection to the [COVID-19 vaccination or masking/COVID-19 testing] requirement to an exception from that requirement, in which case the employee would instead comply with alternative health and safety protocols. The Company is committed to respecting the important legal protections for religious liberty.

In order to request a religious exception, please fill out Section 1 of this form and return it to Human Resources. The purpose of this form is to start the accommodation process and help the Company determine whether you may be eligible for a religious exception. You do not need to answer every question on the form to be considered for a religious exception, but we encourage you to provide as much information as possible to enable the Company to evaluate your request. Where there is an objective basis to do so, the Company may ask you for additional information as needed to determine if you are legally entitled to an exception. Objections to [COVID-19 vaccinations or masking/COVID-19 testing] that are based on non-religious reasons, including personal preferences or non-religious concerns about the [COVID-19 vaccine or masking/COVID-19 testing], do not qualify for a religious exception.

The Company may consider several factors in assessing whether a request for an exception is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. No one factor is determinative. An individual’s beliefs—or degree of adherence—may change over time and, therefore, an employee’s newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exception will be evaluated on an individual basis.

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Company may result in disciplinary action, up to and including termination of employment.

*To request an accommodation from required [COVID-19 vaccinations or masking/COVID-19 testing], please complete Section 1 before returning this form to Human Resources.*

**Section 1 – To Be Completed by Employee:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the nature of your objection to the Company’s [COVID-19 vaccination or masking/COVID-19 testing] requirement:

Would complying with the [COVID-19 vaccination or masking/COVID-19 testing] requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.

Please provide any additional information that you think may be helpful in reviewing your request. For example:

* How long you have held the religious belief underlying your objection.
* Whether your religious objection is to the use of [masking/COVID-19 testing, all infectious disease testing, a specific type of COVID-19 test, or some other subset of tests] [all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines].
* Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine).

Verification and Accuracy: I declare to the best of my knowledge and ability that the foregoing is true and correct.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 – To be completed by Human Resources Representative:**

Date this Request Form Received in Human Resources:

Interactive Discussion Date(s) if applicable:

1. Accommodation approved?

\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved as requested

\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved but different from original request

\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied

1. If accommodation was denied, explain the basis for denial:
2. If accommodation approved, describe accommodation provided (including any required alternative safety precautions):
3. If approved accommodation is different from the one originally requested, explain the basis for denying the original request:
4. If an alternative accommodation was offered, indicate whether it was:

Accepted

Rejected

1. If alternative accommodation was rejected, state the basis for the rejection:
2. If accommodation not granted and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation:

Name of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Company reserves the right to re-evaluate your requested accommodation in accordance with local, state and federal laws and based on business needs*.

**RLG Updated Notes**

**January 7, 2022**

*Employers should consider four factors established by the EEOC in its*[*questions and answers on religious discrimination in the workplace*](https://www.eeoc.gov/laws/guidance/questions-and-answers-religious-discrimination-workplace)*, which could undermine an employee’s assertion that they have a sincerely held religious belief:*

* *Whether the employee has behaved in a manner markedly inconsistent with the professed belief.*
* *Whether the accommodation sought is a particularly desirable benefit that is likely to be sought for secular reasons.*
* *Whether the timing of the request renders it suspect—for example, it follows an earlier request by the employee for the same benefit for secular reasons.*
* *Whether thee employer otherwise has reason to believe the accommodation is not sought for religious reasons.*

*Types of documents that an employer can request include:*

* *Statements and explanations from the employee that discuss the nature and tenets of their asserted beliefs and information about when, where, and how they follow the practice or belief.*
* *Written religious materials describing the religious belief or practice.*
* *Written statements or other documents from third parties, such as religious leaders, practitioners, or others with whom the employee has discussed their beliefs, or who have observed the employee’s past adherence.*

*Please note that these are fast-moving times, and the information provided is only accurate as of the day posted (January 7, 2022). The information provided does not, and is not intended to, constitute legal advice; instead, all information is prepared and provided for general informational purposes only.*

*Copyright © 2022 Roe Law Group, PLLC, All rights reserved.*