RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please return to the Human Resources Specialist, Pam Butenschoen, in the District Office.

Mount Baker School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Mount Baker School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:		Personnel Number:	

1. Below, 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:
    a. All medical treatment – Yes/No
    b. All vaccinations – Yes/No
    c. Only the COVID-19 vaccination – Yes/No

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
Form completed by (HR Rep Name or Employee Name): _____
Reviewed by: _____ Approved/Denied (circle one)
Date: _____

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