

CITY OF LOS ANGELES

**EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION
RELIGIOUS EXEMPTION REQUEST FORM
(COVID-19 Vaccination Requirement Exemption)**

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	LOCATION
DEPARTMENT	SUPERVISOR
PHONE NUMBER	EMAIL

By submitting this form, I acknowledge I am requesting an exemption to the City of Los Angeles COVID-19 Vaccination Requirement for All Current and Future City Employees as a religious accommodation based on my sincerely held religious belief, practice, or observance.¹

To be eligible for this exemption, complete and submit both this form and a completed Religious Accommodation Certification Form.

The granting of an exemption request will be based on the entirety of the application and not based on any single piece of information provided.

TO BE COMPLETED BY EMPLOYEE REQUESTING EXEMPTION

1. Do you regard yourself as having a sincerely held religious belief, practice or observance that you believe should exempt you from the City's COVID-19 Vaccination Requirement?

- Yes
 No

¹ Decisions on Religious Exemption Requests will be decided on a case by case basis. Religious beliefs do not have to be theistic, but can be non-theistic, strongly held moral or ethical beliefs. However, mere personal preferences -- beliefs based on social, political or economic philosophies, or veganism, for example -- are not considered religious beliefs. Employees who hold a sincerely held religious belief will be engaged in an interactive process and accommodated, absent an undue hardship to the City.

5. Have you previously received a vaccination of any kind after the age of 18 (e.g. vaccination(s) for Influenza (the “flu”), Hepatitis A, Hepatitis B, Tetanus, Measles, Chicken Pox, Polio, Yellow Fever, Human Papillomavirus (HPV), Tuberculosis, Shingles, Typhoid, etc.)?

Yes

No

6. Provide below or attach any additional information supporting your religious accommodation request, including, but not limited to:

Articles from religious scholars that describe the nature of the religious belief(s), practice(s), or observance(s); Excerpts from religious or sacred texts explaining the religious belief(s), practice(s), or observance(s); or Written materials that describe the religious belief(s), practice(s), or observance(s) that prohibit vaccination.

EMPLOYEE NAME	EMPLOYEE ID
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EMPLOYEE ACKNOWLEDGEMENT:

*I understand that the City may contact the individual I have assigned to complete my **Religious Accommodation Certification Form** to verify authenticity of the document or to obtain clarification.*

*While my request is pending, I understand that I must comply with the City of Los Angeles's **Workplace Safety Standards** and all other City safety policies and practices (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my employment. The City's required safety practices may include more stringent requirements than those established by the Centers for Disease Control (CDC) and Los Angeles County Department of Public Health. I also understand that I must comply with any additional safety practices applicable to my circumstances or position.*

If my request is granted, I understand I will be required to comply with departmental and City safety protocols for unvaccinated employees as a condition of my employment.

I verify the truth and accuracy of the statements and acknowledgements made in this request form. I also understand that the knowing submission of false or misleading information violates City policy for which I may be subject to discipline (See City of Los Angeles Personnel Policies Section 33.2).

Employee Printed Name	
Employee Signature	
Date	

EMPLOYEE NAME	EMPLOYEE ID
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DATES TO BE COMPLETED BY MANAGEMENT

Sent to Employee	
Completed Form Due	
Completed Request Form Submitted by Employee	

Submitted to Review Unit	
Submitted By	
Determination Submitted by Review Unit to Department	

TO BE COMPLETED BY COVID-19 EXEMPTION/DEFERMENT REVIEW UNIT

Assigned Reviewer(s): _____

Determination:

- Exemption Approved
- Exemption Denied
- More information needed:
 - Additional Documentation
 - Follow up with Certifying Individual (Form D)
 - Other: _____