

CITY OF LOS ANGELES
RELIGIOUS ACCOMMODATION CERTIFICATION FORM
For Exemption from COVID-19 Vaccination Requirement

CERTIFICATION REQUESTED FOR:

Employee Name	Employee ID
Job Title	Department

NOTIFICATION TO THE CERTIFYING RELIGIOUS OFFICIAL

The City of Los Angeles requires its employees be vaccinated against COVID-19 infection as a condition of employment. The City may grant exemptions to this requirement based on the following:

- a) Employees with sincerely held religious **beliefs** that prevent them from receiving a COVID-19 vaccine; or
- b) Employees with sincerely held religious **practices** that prevent them from receiving a COVID-19 vaccine; or
- c) Employees with sincerely held religious **observances** that prevent them from receiving a COVID-19 vaccine

The individual named above is a member of your religious organization or religious belief system, and/or seeks a religious accommodation exempting them from the City of Los Angeles's employee Covid-19 Vaccination Requirement for one or more of the above reasons.

INSTRUCTIONS TO THE CERTIFYING RELIGIOUS OFFICIAL

The individual named above has identified you as an individual with knowledge of the religious belief(s), practice(s), or observance(s) that precludes the individual from receiving a COVID-19 vaccination as required under the City's Policies.

Please complete this form based upon your own personal knowledge and a sincere belief(s) about the individual requesting the COVID-19 vaccine religious exemption.

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.

RELIGIOUS OFFICIAL STATEMENT
For Exemption to the COVID-19 Vaccination Requirement

TO BE COMPLETED BY RELIGIOUS OFFICIAL

1. I am a (please check all appropriate boxes):

- Religious Leader
- Religious Scholar
- Person Knowledgeable Regarding the Requesting Individual's Religious Beliefs, Practice or Observances

If you checked any of the above boxes, please explain the basis of your assertion(s):

2. The above-named employee/individual adheres to the following religion or belief system (include the name or description of the religion or belief system):

3. I have personal knowledge of the above-named employee's adherence to this belief system:

- YES
- NO

If YES, please explain how you have personal knowledge of the employee's adherence to the belief system.

4. Does the religion or belief system identified in response to Question 2 (above) require adherents to abstain from the COVID-19 vaccination because the vaccination conflicts with the tenets, practices and observations of a church, religious denomination, religious organization and/or the individual/employee's sincerely held religious belief system?

- YES
- NO

If YES, in the space below or in an attached document, please cite the specific tenet, practice or observation that conflicts with the COVID-19 vaccination requirement, and/or explain how the tenet, practice, or observation is followed and applies to the individual requesting this certification.

I declare under penalty of perjury that that my statement above and/or attached is true and correct.

Signature

Date

Print Name

Title

Contact Phone

Contact Email

Address of Place of Worship (if applicable)