

CITY OF SAINT PAUL

Alaska

REQUEST FOR ACCOMMODATION: RELIGIOUS ACCOMODATION FROM

	VACCINATIO				
To request an exemption from required vaccinations for City employees, please complete section 1 below and have your supervisor complete section 2 before returning this form to the City Clerk.					
Part 1: To be Completed by Employee					
Employee Name	•	Date of Request			
Department/Division		Job Title			
Employee ID No		Supervisor Name			
Requested Accommodation					
Length of time the accommodation is needed? Describe the religious be	elief or practice that necessitates t	his request for acco	mmodation.		
Describe any alternate a	ccommodations that might addre	ss your needs.			
employees. My religious sincerely held. I understa attempt to provide a rea understand that the City n	and City's policy on religious ac beliefs and practices, which result nd that the accommodation reques sonable accommodation that does hay need to obtain supporting documents uest for a religious accommodation	in this request for ted above may not b not create an undu mentation regarding i	a religious accommodation, are e granted but that the City will he hardship on the company. I		
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Part 2: To be Completed by the Employee's Supervisor				
Describe the Requested Accommodation				
Evaluation of Impact (if	'any)			
Employee's				
Supervisor's		Date		
Signature				
	Part 3: Human Resources D	oivision Review		
Date of Initial Request				
Review Date				
If the requested accommodation is denied, what are some alternative accommodations (list in order of				
preference)				
1. 2.				
3.				
Request Approved		Date		
Describe specific accom	l modation details.		<u> </u>	
Describe specific accommodation details.				
Request Denied		Date		
Describe why accommod	dation is denied			
Describe why accommo	uation is defice.			
Date Discussed with				
Employee				
HR's		Date		
City Manager's		Date		
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