



CITY OF SAINT PAUL

ALASKA

REQUEST FOR ACCOMMODATION: RELIGIOUS ACCOMODATION FROM VACCINATION FORM			
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 belief or practice that necessitates this request for accommodation.			
Describe any alternate accommodations that might address your needs.			
I have read and understand City's policy on religious accommodation for COVID-19 vaccination for City employees. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the City will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that the City may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation			
Employee's Signature		Date	

Part 2: To be Completed by the Employee's Supervisor			
Describe the Requested Accommodation			
Evaluation of Impact (if any)			
Employee's Supervisor's Signature		Date	
Part 3: Human Resources Division 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 accommodation details.			
Request Denied		Date	
Describe why accommodation is denied.			
Date Discussed with Employee			
HR's		Date	
City Manager's		Date	