



CITY OF SAINT PAUL

ALASKA

REQUEST FOR ACCOMMODATION: RELIGIOUS ACCOMMODATION 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

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Length of time the accommodation is needed?

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Describe the religious belief or practice that necessitates this request for accommodation.

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Describe any alternate accommodations that might address your needs.

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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

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|----------------------|--|------|--|
| Employee's Signature | | Date | |
|----------------------|--|------|--|

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| Part 2: To be Completed by the Employee's Supervisor | | | |
| Describe the Requested Accommodation | | | |
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| Evaluation of Impact (if any) | | | |
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| 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 | |