

Chaffey College

COVID-19 Vaccination Sincerely Held Religious Belief Exemption Request

Chaffey Community College District ("Chaffey") is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, Chaffey is committed to complying with all laws protecting employees' religious beliefs and practices. When requested, Chaffey will explore reasonable accommodations for employees' sincerely held religious beliefs and practices that prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for Chaffey or pose a direct threat to the health and/or safety of others in the workplace/Chaffey community and/or to the requesting employee.

To Be Completed by Employee:

Name: _____ Position: _____

Date of Request: _____

Please explain below why you are requesting an Exemption/Accommodation:

In some cases, Chaffey will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). Chaffey may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?
_____ Yes _____ No

If no, please explain why:

Employee Verification

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I understand that the information provided may be used by Human Resources to engage in the interactive process to determine eligibility for and to identify possible reasonable accommodations. I understand that if I refuse to provide the information requested, my refusal may impact Chaffey's ability to adequately understand my request or effectively engage in the interactive process to identify possible reasonable accommodations.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Chaffey.

Employee Signature: _____ Date: _____

Print Name: _____

The information provided herein will be kept confidential in the Office of Human Resources and will only be shared with those managers who have a need to know.

***Please submit this completed form to: susan.hardie@chaffey.edu**