

**RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION**

Please complete and return to Human Resources Department. If you prefer not to complete this form, please contact the Human Resources Department at 967-6023 to schedule a phone or virtual meeting to make your accommodation request and engage in interactive dialogue.

On August 18, 2021, Governor Jay Inslee announced a new directive requiring all K–12 school district employees to get a COVID-19 vaccination or complete a medical/religious exemption by October 18, 2021. The Richland School District and our Board of Directors do not have local control over this matter. It is legally required to follow the Governor’s directive. The Office of the Superintendent of Public Instruction has declared any District that does not follow this directive will lose its state funding.

Governor Inslee’s directive allowed employees to request an accommodation if they cannot meet the requirement due to a medical or religious reason. Employees seeking a religious accommodation must attest that they have a religious belief, practice, deeply held belief or observance that precludes them from getting the COVID-19 vaccination.

The District 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, the District is committed to complying with all laws protecting employees’ religious beliefs and practices.

The District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, the District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:		Personnel Number:	
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- 1. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
  
- 2. Briefly describe the accommodation you are requesting.

I certify that I have read and understood the information provided in this request, and that I have truthfully completed it based on my knowledge, information, and belief. I understand that this form will be stored separately from my personnel file.

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

<b>Human Resources Review</b> Form completed by (HR Rep Name or Employee Name): _____ Reviewed by: _____ Approved/Denied (circle one) Date: _____
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