

Request for Accommodation: Religious Exemption from Vaccination

YWCA 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 Association is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested the company will provide an exemption/reasonable accommodations for employees' religious beliefs and practices which prohibit the employee from receiving a vaccination that is strongly encouraged by the YWCA for staff safety, provided the requested accommodation is reasonable and does not create an undue hardship for the YWCA and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an exemption from required vaccinations, please complete this form below and return it to the human resources department or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, the employee's refusal may impact the Association's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

Section 1 – To Be Completed by Employee:

Name (print):	Date:
Dept.: <input type="checkbox"/> CSB <input type="checkbox"/> DVPP <input type="checkbox"/> SARP <input type="checkbox"/> TCH <input type="checkbox"/> ADMIN/MAINTENANCE	Position:
Manager:	Work/Cell Phone:

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

In some cases, the Association may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?

YES NO

If no, please explain why:

Verification and Accuracy

I verify that the information I am submitting to substantiate my request for exemption from YWCA of Central Virginia’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that YWCA of Central Virginia is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for YWCA of Central Virginia.

Employee Signature:	Date:
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Section 2: To be completed by Human Resource Representative

Date this request form was received	
Interactive Discussion Date(s) if applicable	

Exemption/Accommodation granted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Describe Exemption/Accommodation		

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If Exemption/Accommodation granted, list required alternative safety precautions required:

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If Exemption/Accommodation not granted, explain why:

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Name of Representative (print):

Signature of Representative:	Date:
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