**Accommodation Form**

**Religious Exemption from Covid-19 Vaccination**

Capital Area Community Action Agency requires all employees to secure the Covid-19 vaccination. There are very limited exemptions to this requirement and employees are expected to provide verification of specific needs. This form is to be submitted to human resources by those who are requesting a **religious-based exemption** to the mandate:

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| --- | --- | --- | --- | --- |
| **Name** |  |  | **Date** |  |
| **Department** |  |  | **Position** |  |
| **Manager** |  |  | **Phone** |  |

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

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Religious beliefs and practices are sincerely held, and I desire a religious exemption from the vaccination mandate. While such request will be considered, the accommodation may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. The organization may also need to obtain additional documentation to support my religious practice and beliefs. I understand that any falsified information can lead to disciplinary action, up to and including termination.

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| **Employee Signature** |  | **Date** |

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| ***Management Review*** | | |
|  |  |  |
| **Supervisor** |  | **CEO/COO** |

*Pursuant to section 381.00317(2), Florida Statutes, this completed exemption statement requires the employer to allow the employee to opt-out of the employer’s COVID-19 vaccination mandate.*