

## REQUEST FOR ACCOMMODATION FORM

I am unable to receive the vaccination due to (initial as applicable):

A health condition

Bona fide religious reason

I attest to the accuracy of the information provided above and understand that any false information is subject to remedial and/or disciplinary action up to and including termination of employment, and/or cancellation of contract.

I understand that if I have not received the COVID-19 vaccination that I am required while working at a [YOUR ORGANIZATION] work location to abide by [YOUR ORGANIZATION]'s COVID-19 Vaccination Policy and Health & Safety protocols (as per [YOUR ORGANIZATION] policy) until otherwise notified by the [YOUR ORGANIZATION].

I consent to, for the purposes of accommodating my request, the disclosure of the above noted information with Human Resources and my immediate supervisor:

I acknowledge that my request for accommodation is subject to the [YOUR ORGANIZATION]'s approval, in accordance with [YOUR ORGANIZATION] policies and all applicable laws. I further acknowledge that [YOUR ORGANIZATION] may require medical or other appropriate supporting documentation, in order to facilitate the accommodation process.

Employee (Print Name):

Employee Signature:

Date: