



CITY OF PHOENIX
HUMAN RESOURCES DEPARTMENT

COVID-19 Vaccination Religious Accommodation Request Form

Name:

Employee ID:

Job Title:

Department:

Supervisor:

Please complete this form and submit it to vaccine.request@phoenix.gov. Completion of this form will serve as your request for an accommodation pertaining to the COVID-19 vaccination requirement for City of Phoenix employees. This information and any documentation provided in support of this request will be treated confidentially and kept separate from your personnel file.

The City of Phoenix will engage in an interactive process with you to determine whether you are eligible for an accommodation and if so, will determine what reasonable accommodation can be provided that will enable you to perform the essential functions of your position. A request for accommodation will not be granted if it is unreasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to you, the employee, or if it creates an undue hardship.

1. Please explain the religious belief, observance, or practice that prevents you from getting the COVID-19 vaccine.

2. Please describe the specific conflict between your religious belief, observance, or practice and the COVID-19 vaccine. In your response, address the following:

What are the specific reasons the vaccine requirement conflicts with your religious beliefs, observance, or practice?

3. Please provide any information that will help us determine that your belief is sincerely held with the strength of traditional views. For example, does the belief affect any other aspect of your life? Please provide any details you believe are relevant.

4. Please identify any job accommodation that you believe would resolve the conflict between your religious belief, observance, or practice and the vaccine requirement. Be as specific as possible.

***Required Documentation**

Please note that relevant documentation of a sincerely held religious belief should be attached to your request submission.

By signing or typing in my name below, I certify that the information I have provided in this request for exemption is true and accurate. I understand that submitting false information on this request for exemption will subject me to corrective action, up to and including termination of employment. I confirm that my religious beliefs, for which I seek this exemption, are sincerely held. I understand:

- approval of this exemption does not mean I am cleared to work without any further accommodations;
- if the exemption is approved, the City will explore and, if possible, implement a reasonable accommodation that will allow me to perform my job;
- accommodations may include continuous masking, frequent PCR testing, additional PPE requirements, and other measures as COVID-19 and business circumstances warrant.

Signature:

Date Submitted: