



**EMPLOYEE REQUEST FOR
RELIGIOUS ACCOMMODATION
(COVID-19 Vaccination Exemption)**

Employee Name	Employee DSW#
Job Code and Title	Department
Division/Unit	Supervisor/Manager

The City and County of San Francisco (City) is committed to equal employment opportunities for all employees and a work environment that is free of unlawful harassment, discrimination, and retaliation. Consistent with this commitment, the City complies with all laws protecting employees’ religious beliefs, practices and observances. When requested, the City will provide an exemption or reasonable accommodation for employees’ sincere religious beliefs, practices and observances, which prohibit the employee from receiving a COVID-19 vaccination, provided the requested accommodation is reasonable and does not create an undue hardship for the City or pose a direct threat to the health and/or safety of the employee or others in the workplace.

San Francisco Department of Public Health Order No. C19-07, requires persons routinely working onsite in High-Risk Settings as defined in the Order to receive a COVID-19 vaccination and report their vaccination status to their employer effective September 15, 2021. City policy must comply with this public health order, and will also require all other City employees to receive a vaccination within 10 weeks of FDA approval of any COVID-19 vaccine. A religious exemption may be granted to City employees who: (1) hold a sincere religious belief that conflicts with the vaccination requirement, (2) complete this request form, and (3) provide any information needed to support the exemption request.

EMPLOYEE CERTIFICATION

I request an exemption from the local Public Health Order and City Policy requiring COVID-19 vaccinations for all City employees. I make this request based on my sincere religious belief(s), practice(s), or observance(s). My beliefs are in conflict with the vaccination requirement, and I certify the following is true:

1. My religion or belief system is (enter name or description): _____
2. I have held this belief(s) system, or practiced and observed this religion since (enter date or year): _____
3. My religion, belief system, or practice requires me to abstain from the COVID-19 vaccination because (describe the specific tenet, practice, or observation that conflicts with the COVID-19 vaccination requirement and/or explain how you follow it):

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types of vaccinations, please describe the specific tenet, practice, or observation that expressly conflicts with the COVID-19 vaccination (*attach a separate sheet if needed*).

5. If requested, I can provide a written statement, an affidavit or other documents from a religious leader, or other person describing my beliefs and practices, including information regarding when I embraced the belief or practice, as well as when, where, and how I have adhered to the belief, practice, observance. YES NO

I hereby certify that I make this request based on my sincerely held religious beliefs that prevent me from complying with COVID-19 vaccination requirements. I understand that any falsified information can lead to disciplinary action, up to and including termination of employment.

I also understand that my request for an accommodation may not be approved if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or me, or if it creates an undue hardship for the City.

Employee Signature

Date

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

FOR HR USE ONLY

Date Received: ___/___/20___ Medical Certification Received Yes No
Date Medical Certification Received: ___/___/20___