Felician UNIVERSITY
THE FRANCISCAN UNIVERSITY OF NEW JERSEY

EMPLOYEE RELIGIOUS ACCOMMODATION
REQUEST FORM – COVID 19 VACCINE
08/06/2021

Name: _____ Title/Position: _____

Work Phone Number: _____ Email: _____

Department: _____ Manager: _____

Felician University (Felician) 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, Felician is committed to complying with all laws protecting employees' religious beliefs and practices. When requested, the Felician will provide an exemption/reasonable accommodation for employees' religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for Felician or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to the Felician's COVID-19 vaccination policy, please complete this form, and **return it to Human Resources,** humanresources@felician.edu. This information will be used by Human Resources 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 Felician's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

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

Please specify the religious belief, practice or observance obligation that is the basis for your request for accommodation.

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Felician.

_____ _____

Employee Signature Date

Confidentiality

Materials related to an employee's religious accommodation request, including the written request for accommodation and any other documentation/information, will be kept confidential, but may be disclosed for department business reasons or as necessary to effectuate the accommodation. For additional information, please contact Human Resources.

Part 2 – To be completed by Human Resources Representative

Date this Request Form Received in Human Resources:_____

Interactive Discussion Date(s) if applicable:

_____

_____

Exemption/Accommodation granted? _____Yes _____ No

Describe Exemption/Accommodation:

_____

_____

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

_____

_____

If Exemption/Accommodation not granted, explain why:

_____

_____

Name of HR Representative: _____

Signature of HR Representative: _____

Date: _____

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