

**COVID-19 VACCINATION  
EMPLOYEE/MEDICAL STAFF MEMBER REQUEST FOR RELIGIOUS ACCOMMODATION FORM**

This form is for RRH Employees and Medical Staff Members seeking a reasonable accommodation with respect to the vaccine requirement based on religious reasons. Please submit the completed form via email to [Accommodations@RochesterRegional.org](mailto:Accommodations@RochesterRegional.org).

Rochester Regional Health (RRH) 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.

Accordingly, RRH will provide reasonable accommodations for employees' sincerely held religious practices, beliefs, and/or observances, which conflict with their job requirements, provided the requested accommodation can be provided without violation of existing laws and/or regulations, is reasonable and does not create an undue hardship for RRH.

Completing this form will assist us in having a dialogue with you about your request for an accommodation on the basis of your religious practice, belief, or observance. Please complete and email this form to [Accommodations@RochesterRegional.org](mailto:Accommodations@RochesterRegional.org). This information will be used by RRH to communicate with you regarding your request.

RRH will evaluate requests for religious exemptions in accordance with Title VII of the Civil Rights Act of 1964 and other applicable local, state, and federal laws and regulations. RRH is only permitted to grant an accommodation if the employee can perform their job one hundred percent remotely, without creating an undue hardship for RRH. RRH is not permitted to accommodate any employee who is not vaccinated based on a sincerely held religious beliefs in conflict with the COVID-19 vaccination requirement if that employee's job requires that they engage in any activities such that if they were infected with COVID-19, they could potentially expose other employees or affiliated staff members, patients or residents to the disease.

Although RRH will consider any specific type of accommodation you propose, you may be offered an alternative accommodation to eliminate the conflict between your religious practice, belief, or observance and your job requirements. Please note that RRH's ability to provide a reasonable accommodation may change depending on changes to business considerations and other factors. If you refuse to provide information to RRH as part of this process, your refusal may impact RRH's ability to identify possible accommodations.

**SECTION I – EMPLOYEE INFORMATION**

1. Print Name:	2. Date of Request:
3. Employee Number:	4. Current Position:
5. Home Address:	
6. Home Telephone:	7. Work Telephone:
8. Affiliate:	9. Department:
10. Manager:	

**SECTION II – ACCOMMODATION REQUEST**

QUESTION	RESPONSE
What is the specific, sincerely held religious belief, practice, or observance for which you are seeking accommodation?	
Describe the conflict between the religious belief, practice, or observance and the job requirement (i.e., how would the job requirements require you to violate or forego your religious belief, practice and/or observance).  Provide as much specificity as possible, and identify all areas of conflict.	

QUESTION	RESPONSE
Describe the accommodation that you propose to eliminate the conflict between your religious belief, practice, or observance and the work requirement, and why you believe such an accommodation is necessary. (While RRH will consider the proposed accommodation, it is not required by law to adopt the proposed accommodation.)	
Is there any other information that you believe will assist in our consideration of your request?	

RRH reserves its right to request and obtain additional information and/or documentation about your religious belief(s), practice(s) or observance(s) to support your request for an accommodation.

If requested, can you provide documentation or written information to support your belief(s), practice(s) or observance(s) and need for an accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain why: \_\_\_\_\_

**SECTION III – VERIFICATION AND ACCURACY**

I verify that the information I am submitting in support of my request for a reasonable 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, up to and including termination of employment.

I have been given the opportunity to be immunized with the COVID-19 vaccine at no charge.

I am requesting a reasonable accommodation in place of the COVID-19 vaccination because I hold a genuine and sincere religious belief contrary to the practice of immunization.

I also understand that my request for an accommodation may be denied if it cannot be provided without violation of existing laws and/or regulations, is not reasonable or if it creates an undue hardship on RRH.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**FOR INTERNAL USE BY COMMITTEE**

Date Reviewed: \_\_\_\_\_ Decision:  Approved  Denied

Date of Decision: \_\_\_\_\_

Reason for Denial:

- Request not timely.
- Request not complete.
- Other (please specify): \_\_\_\_\_