



COVID-19 Religious Accommodation Request Packet

Overview

Metropolitan Community Services is committed to providing reasonable workplace accommodations to qualified employees to allow them to participate in their sincerely held religious beliefs or practices without undue hardship on the Agency. A job accommodation is an adjustment to a job or work environment that makes it possible for an individual to perform their job duties.

Instructions

Please complete this form in its entirety. An employee who maintains a sincerely held religious belief that prevents them from being vaccinated against COVID-19 may request an accommodation (e.g. vaccine waiver). Employees requesting a waiver must provide sufficient information needed to evaluate the legitimacy of their request. Be advised that under the law, social, political, or personal preferences, are not considered "religious" beliefs.

Employees must attach additional information that supports this request including statements from their religious institution or other supporting documentation.

Completed documents should be returned to the Metropolitan Community Services via email frontdesk@mcsmn.com or fax: 952-777-2263.

Please note that documenting a sincerely held religious belief alone may not make you eligible for accommodation. The Metropolitan Community Services will also need to assess the undue hardship of the accommodation requested.

An approved accommodation does not imply permanence. The Metropolitan Community Services reserves the right to revisit any accommodation made should circumstances change.

COVID-19 Religious Accommodation Request Form

Employee Name: _____ DOB: _____
Position: _____ Phone: _____
Address: _____

1. Please identify the Metropolitan Community Services requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter “religious beliefs”).

COVID-19 vaccination COVID-19 weekly testing Other (please describe below)

2. Describe your sincerely held religious belief, practice, or observance that is the basis for your request for a religious accommodation/vaccine waiver/weekly testing waiver.

3. Does your religious belief, practice, or observance lead you to object to:

<input type="checkbox"/> Yes <input type="checkbox"/> No	All medical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Only the COVID-19 vaccination
<input type="checkbox"/> Yes <input type="checkbox"/> No	All vaccinations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Only the COVID-19 weekly testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	All medical testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please describe below)

4. Explain how your sincerely held religious belief, practice, or observance conflicts specifically with the COVID-19 vaccination requirement.

5. If you are requesting an accommodation other than a waiver of the vaccine, please explain below.

6. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:

I certify that my statement above is true and accurate and that I hold a sincere religious belief that prevents me from receiving the COVID-19 vaccination/testing. I further understand that Metropolitan Community Services is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or create an undue hardship for Metropolitan Community Services.

Employee Signature: _____ Date: _____

For Office Use Only	
Date of initial request:	Date certification received:
Accommodation request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
If denied, reason for denial:	