

## RELIGIOUS ACCOMMODATION REQUEST FORM

North Central Health Care 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, North Central Health Care complies with all laws protecting employees' religious beliefs and practices. Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption or accommodation.

North Central Health Care will provide reasonable accommodations for employees' sincerely held religious beliefs, observances, and practices that conflict with getting vaccinated for COVID-19, as long as the requested accommodation does not create an undue hardship for North Central Health Care or pose a direct threat to you or others in the workplace.

To request an accommodation related to North Central Health Care's COVID-19 Vaccination Policy, please complete this form and return it to Human Resources with the preferred method as an email [NCHCVaccineExemptions@norcen.org](mailto:NCHCVaccineExemptions@norcen.org). This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine the precise limitations of your ability to comply with North Central Health Care's COVID-19 Vaccination Policy and explore potential reasonable accommodations that could overcome those limitations. Refusing to provide the information requested in this form may impact North Central Health Care's ability to adequately understand your request or effectively engage in the interactive process to identify possible accommodations.

North Central Health Care makes determinations about requested accommodations and exemptions on a case-by-case basis, considering various factors and based on an individualized assessment in each situation and strives to make these determinations expeditiously and in a fair and nondiscriminatory manner and will inform you after we make a determination. If you have any questions about an accommodation or exemption request you made, please contact Jarret Nickel, Operations Executive.

Employee's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employee's Position: \_\_\_\_\_

Program Location: \_\_\_\_\_ Employee ID: \_\_\_\_\_

1) Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the COVID-19 Vaccination requirement, policy, or practice.

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2) What is the accommodation or modification that you are requesting?

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3) List any alternative accommodations that also would eliminate the conflict between the COVID-19 vaccination requirement and your sincerely held religious beliefs.

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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 discipline, up to and including termination. [While my request is pending, I understand that I must comply with North Central Health Care's workplace safety standards (e.g. face coverings, regular COVID-19 testing) for unvaccinated or not fully vaccinated individuals as a condition of my employment.] 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 North Central Health Care.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

\*Reminder: Please submit completed to form to North Central Health Care Human Resources Department, with the preferred method an email to [NCHCVaccineExemptions@norcen.org](mailto:NCHCVaccineExemptions@norcen.org)

**Accommodation Decision-HR Use Only**

Date Request Received: \_\_\_\_\_

Interactive Discussion Date(s) if applicable: \_\_\_\_\_

Accommodations:

- approved as requested
- approved but different from the original request
- denied

Identify the accommodation provided.

If Accommodation is granted, list required alternative safety precautions required:

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If the approved accommodation is different from the one originally requested, explain the basis for denying the original request.

If an alternative accommodation was offered, indicate whether it was:

- accepted
- rejected

If it was rejected, state the basis for rejection.

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If the accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation.

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Name of Representative: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

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