|  |  |
| --- | --- |
|  | **City of Madison – APM 2-53 Attachment B****COVID-19 Reasonable Accommodation-RELIGION**  |

**Employee Name**

**Employee Number**       **Department**

**Supervisor/Manager**       **Job Title**

The City of Madison is committed to equal employment opportunities for all employees and a work environment 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 a reasonable accommodation for employees’ sincere religious beliefs, practices, and observances, which prohibit the employee from receiving a COVID-19 vaccination or adhering to weekly COVID-19 testing requirements, 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.

A religious exemption may be granted to City employees who:

(1) Hold a sincere religious belief that conflicts with the vaccination/testing 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 City of Madison’s COVID-19 Vaccination/Testing Policy. I make this request based on my sincere religious belief(s), practice(s), or observance(s). My beliefs are in conflict with the testing requirements for unvaccinated City employees, 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 requirements of the City of Madison’s COVID-19 Vaccination/Testing Policy because (describe the specific tenet, practice, or observation that conflicts with the COVID-19 testing requirement and/or explain how you follow it):

1. If your religion, belief system, or practice requires you to abstain from the requirements of the City of Madison’s COVID-19 Vaccination/Testing Policy, but not other types of vaccinations or testing, please describe the specific tenet, practice, or observation that expressly conflicts with COVID-19 vaccination/weekly testing (attach a separate sheet if needed).

1. 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 adhered to the belief, practice or 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/Testing 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\_\_ RECEIVED \_\_ YES \_\_ NO**

 **DATE SUPPORTING DOCUMENTS RECEIVED: \_\_/\_\_/20\_\_**