

Employee Information and Request

Employee Name: _____ Employee Number: _____

Position: _____ Department: _____

Phone Number: _____ Email: _____

Directions

Please provide the information requested, read each paragraph, and check the box to acknowledge your understanding and sign below. If you have any questions about the statements or the Exemption Request please ask Human Resources.

Describe the religious belief or practice that necessitates this request for accommodation:

- I am requesting a religious accommodation related to the City of Highland Park’s COVID-19 Vaccine Policy.
- I understand that I am responsible for providing any requested information regarding my religious practice and believes the City may need to further evaluate my request for a religious accommodation.
- I understand that I may be required to engage in the interactive process with the City of Highland Park to determine the outcome of my request.
- I verify that the information I am submitting to substantiate my request for accommodation from the City of Highland Park’s COVID-19 Vaccine Policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.
- I further understand that the City of Highland Park is not required to provide this accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the City of Highland Park.

Employee Signature

Date