



EMPLOYEE REQUEST RELIGIOUS ACCOMMODATION - COVID-19 VACCINE

Essex County College (ECC) 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. ECC is also committed to complying with all laws protecting employees’ religious beliefs and practices. When requested, ECC will provide an exemption/reasonable accommodation for employees’ religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable, permits the employee to perform the essential functions of their job and does not create an undue hardship for ECC or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

To request an exemption/accommodation related to ECC’s COVID-19 vaccination policy, please complete this form and return it to Human Resources. This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide the requested information, the employee’s refusal may impact ECC’s ability to adequately understand the employee’s request or effectively engage in the interactive process to identify possible accommodations.

Name (Last, First): _____ Title/Position: _____

Work Phone Number: _____ Email: _____

Department: _____ Manager: _____

ECC #: _____

Please explain below why you are requesting an Exemption/Accommodation:

Please specify the religious belief, practice or observance obligation that is the basis for your request for accommodation.

Verification and Accuracy

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 disciplinary action. 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, does not permit me to perform the essential functions of my job or if it creates an undue hardship on ECC.

I understand and agree that I am subject to ECC’s mask/face covering mandate unless I qualify for a medical exemption to the same. I further understand and agree that while I am unvaccinated for COVID-19, I am subject to mandatory weekly COVID-19 testing (PCR test) and will submit my weekly test results to the ECC.

Employee Signature

Date

Confidentiality

Materials related to an employee’s religious accommodation request, including the written request for accommodation and any other documentation/information, will be kept confidential, but may be disclosed for department business reasons or as necessary to effectuate the accommodation. For additional information, please contact Human Resources.

Part 2 – To be completed by Human Resources Representative

Date this Request Form Received in Human Resources: _____

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of HR Representative: _____

Signature of HR Representative: _____

Date: _____