



# EL MONTE UNION HIGH SCHOOL DISTRICT

3537 JOHNSON AVENUE EL MONTE, CA 91731 (626)444-9005

## **Request for Religious Exemption/Accommodation Related to COVID-19 Vaccine**

The El Monte Union High School District (“the District”) 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.

The District will engage with employees in good faith to determine whether any sincerely held religious belief, practice, or observance covered by the applicable law prohibit employees from receiving a COVID-19 vaccine, and whether there exists an accommodation that is reasonable and does not create an undue hardship for the District 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 the District’s COVID-19 vaccination mandate, please complete Part 1 of this form, sign/verify and return it to the District’s Human Resources Department. This information will be used by the District to engage in an interactive process to identify and determine an employee’s eligibility for possible accommodations. If an employee refuses to provide such information in good faith, the employee’s refusal will impact the District’s ability to adequately understand the employee’s request or effectively engage in the interactive process to identify possible accommodations.

In order to qualify for an Exemption/Accommodation, employees are required to provide written responses to the questions below.

The District may also need to obtain additional information and/or supporting documentation about your religious beliefs, practices, or observances, which include any of the following:

- A letter from an authorized representative of the church, temple, religious institution, etc. that you attend, or literature from the church, temple, religious institution, etc. explaining the doctrine/beliefs that prohibit immunization;
- Other writings or sources upon which you rely in formulating religious beliefs that prohibit immunization;
- Any documents or other information you may be willing to provide that reflect a sincerely held religious objection to immunization.

Each accommodation request will be addressed on an individualized, case-by-case basis, based on the information provided herein and any additional information obtained by the District relating to the employee’s request.



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### Part 1 – To Be Completed by Employee:

Name: \_\_\_\_\_

Work Site/Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Explain in your words why you are requesting this religious exemption:**

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**Describe your religious beliefs, practices, or observances that you believe necessitate this request for an Exemption/Accommodation:**

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**Describe the religious beliefs, practices, or observances that guide your objection to immunization:**

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**Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits COVID-19 immunizations.**

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**Describe any alternate accommodations that might address your needs:**

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**Please explain below or attach a separate document setting forth any other reason(s) based on your religious beliefs, practices, or observances supporting your request for an Exemption/Accommodation**

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### Verification and Accuracy

I understand that the District requires a COVID-19 vaccination as a condition of employment. I hereby certify that I believe I have a sincerely held religious belief, practice, or observance that necessitates an exemption from this vaccination/testing requirement.

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 understand that I may be asked to provide additional supporting documentation, as described above. 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 the District.

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

Print Name: \_\_\_\_\_

### **Upon completion of all documents, please return to:**

El Monte Union High School District  
Human Resources Department attn: Robin Torres  
3537 Johnson Avenue  
El Monte, CA 91731

Or by email to: [robin.torres@emuhsd.org](mailto:robin.torres@emuhsd.org)



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### Part 2 – To be completed by District Human Resources

Date Request Form Received by the District: \_\_\_\_\_

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

Describe the requested Exemption/Accommodation:

Exemption/Accommodation granted?       Yes       No

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

If Exemption/Accommodation not granted, explain why:

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

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