



CALAVERAS UNIFIED SCHOOL DISTRICT

3304-B Highway 12
P.O. Box 788
San Andreas, CA 95249
(209) 754-2300
www.calaveras.k12.ca.us

Request for Religious Exemption/Accommodation Form
District Implementation of
California Department of Public Health
Vaccine Verification for Workers in Schools

Request for Exemption/Accommodation based on Sincerely Held Religious Beliefs and Practices

District is committed to providing equal employment opportunities to persons without regard to any protected status and a work environment free of unlawful harassment, discrimination, and retaliation.

District is committed to compliance with all laws protecting employees' religious beliefs and practices. When requested, District will provide an exemption and/or accommodation for an employee's sincerely held religious beliefs and practices that prevent the employee from receiving the COVID-19 vaccination, provided the request for exemption and/or accommodation does not cause a significant expense to the District, and/or pose a direct threat to the health and safety of others in the workplace or the employee themselves.

To request an exemption and/or accommodation based on sincerely held religious beliefs and practices please complete the attached request form. District's Human Resources will utilize the information to engage in an interactive process with the individual employee to determine if the employee is eligible for exemption and/or accommodation.

If an employee does not provide the information requested in this form it may impact the District's ability to adequately understand the employee's request or to effectively engage in the interactive process to identify possible accommodations.

Section 1: (to be completed by employee)

Name: _____ Date of Request: _____

Job Title: _____ School Site: _____

Date of Request: _____

Explanation of the basis of the request for the accommodation request: Attach an additional sheet if necessary.

Please identify your sincerely held religious belief, practice, or observance that is the basis for you request for an exception as a religious accommodation.

Please Briefly explain how your sincerely held religious belief, practice or observance conflicts with the County's COVID-19 vaccination requirement.

Please provide any additional information that you think may be helpful in processing your religious accommodation request.

While my request is pending, I understand that I must comply with all other COVID-19 prevention requirements (e.g. face coverings, regularly asymptomatic testing for unvaccinated or not fully vaccinated individuals under City policy and state and local public health directives. If my request is granted, I understand that I will be required to comply with COVID-19 prevention requirements, other than vaccination, as specified.

I verify the truth and accuracy of the statements in this request form.

Signature: _____

Date: _____

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(For District Use only)

Section 3: Determination of Eligibility for Exemption and/or Accommodation

Exemption and/or Accommodation Approved: _____ Yes _____ No

Description of exemption and/or accommodation: _____

Exemption and/or Accommodation Denial: _____ Yes _____ No

Explanation of basis for denial of exemption and/or accommodation: _____

District Representative: _____

Title: _____

Signature: _____

Date: _____