



## Request for Religious Exemption from COVID-19 Vaccination Surcharge

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If you are requesting a religious accommodation that exempts you from the COVID-19 **Vaccination Surcharge**, please fill out this form in its entirety. In order to effectively evaluate your request, we ask that you please answer each question fully and accurately. If requested by the City, you may be asked to provide additional information in support of your request.

If you request a religious accommodation, you are required to engage in an interactive process with the City to identify potential reasonable accommodations.

Title VII of the Civil Rights Act of 1964 requires employers to accommodate an employee's sincerely-held religious beliefs unless doing so will create an undue hardship for the employer. The United States Supreme Court has held that an employer does not need to provide a religious accommodation that involves more than a *de minimis cost*.

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**To be completed by employee:**

**Request Date:** \_\_\_\_\_ **EID:** \_\_\_\_\_

**Employee Name (Last, First):** \_\_\_\_\_

**Work Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_



Please identify the City requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter “religious beliefs”).

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Please describe the nature of your religious beliefs that prevent you from COVID-19 Vaccination.

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What is the accommodation or modification that you request to reconcile any conflict between your work for the City and the above-described religious beliefs?

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Are there alternative accommodations that would also eliminate the conflict between the City requirement, policy, or practice identified above and your sincerely held religious beliefs?

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Have you previously been approved for a religious accommodation during your employment with the City? Please indicate when you received this accommodation and whether it is still in effect.

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In your position, how many times a day do you come into contact with a member of the public?

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In your position, how many times a day do you come into contact with coworkers?

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- My religious beliefs which have prompted this request for religious accommodation are sincerely held.
- I understand that my preferred accommodation(s) or modification(s) may not be granted, but that the City will attempt to provide a reasonable accommodation, provided that doing so does not create an undue hardship for the City.
- I understand that the City may need to obtain additional information, including supplemental information regarding my religious beliefs, in order to evaluate and respond to this request for a religious accommodation.
- I understand that “natural immunity” (by prior COVID-19 infection or otherwise) does not fall within the purview of religious beliefs and is not recognized as a protected class under Title VII.
- I understand that I will need to renew this request for religious accommodation if the City of Durham subsequently requires vaccination against COVID-19 as a condition of my employment with the City.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**To be Completed by HR: Evaluation and Accommodation Decision**

**Additional information needed:**     Yes, Human Resources will follow up.                       No

**Accommodation(s):**     Approved as requested  
                                   Approved but different from the original request  
                                   Denied

**Identify the accommodation provided/offered:**

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**If an alternative accommodation was offered indicate whether it was:**

- Accepted by the employee
- Rejected by the employee

If it was rejected, state the employee’s basis for rejection.

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**Date of Interactive Process discussion with the employee:**

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If accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation.

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**HR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

