## Request for Religious Accommodation COVID-19 Vaccination

To request an accommodation from the required vaccination based on a sincerely held religious belief, practice, or observance, please complete and submit this Request for Religious Accommodation form. In some cases, the company might need additional information regarding this Request. You will be notified if additional information is needed. Associates who have an approved religious accommodation, and who wish to remain in their current role, will be required to wear a mask/face covering while at work, social distance, and will be required to undergo weekly COVID-19 testing. Requirements may change based on circumstances. Failure to comply with any of these requirements may result in disciplinary action, up to and including termination of employment.

Please provide the following:		
Name:		
Phone number:	Email Address:	
ob Title:	WIN Number:	
	ntify the religious belief, practice, or observance, and (2) vaccination. Please feel free to add an additional page if a	
	ent that your religious beliefs and practices, as outlined about receiving the COVID-19 vaccination.	ove, are sincerely held
Associate Signature:	Date:	