



**COUNTY OF LOS ANGELES**  
**RELIGIOUS ACCOMMODATION REQUEST FORM**  
For Exemption from COVID-19 Vaccination Policy

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	LOCATION
DEPARTMENT	SUPERVISOR
PHONE NUMBER	EMAIL

**I am requesting, as a reasonable accommodation, an exemption from the County of Los Angeles COVID-19 vaccination policy for County employees based on my sincerely held religious belief(s), practice(s), or observance(s).**

Please **identify** your sincerely held religious belief(s), practice(s), or observance(s) that is/are the basis for your request for an exemption as a religious accommodation. *You may attach additional sheets if necessary.*

*A sincerely held religious belief, practice, or observance is a belief, practice, or observance that can include theistic beliefs as well as non-theistic moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs protected by law. However, overlap between a religious and political view does not necessarily place it outside the scope of religious protections, as long as that view is part of a comprehensive religious belief system and is not simply an isolated teaching.*



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Please briefly **explain** how your sincerely held religious belief, practice, or observance conflicts with your getting a COVID-19 vaccine. *You may attach additional sheets if necessary.*

In the last three years, have you been vaccinated against any disease (e.g., Chicken Pox, Influenza, Hepatitis B, Tetanus, Shingles, etc.)?

- No.  
 Yes. What was the approximate date of your last vaccination? \_\_\_\_\_

***The question above is being asked to facilitate the interactive process. Answering "Yes" will not automatically disqualify you from receiving an exemption.***

Please provide any additional information that you think may be helpful in processing your religious accommodation request. *You may attach additional sheets if necessary.*



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**EMPLOYEE ACKNOWLEDGEMENT**

*While my request is pending, I understand that I must comply with the safety practices (e.g., face coverings, regular asymptomatic testing) for unvaccinated or incompletely vaccinated individuals as a condition of my employment. These required safety practices are defined by the Centers for Disease Control and Prevention, California Department of Public Health, California Department of Industrial Relations, Division of Occupational Safety and Health, and Los Angeles County Department of Public Health. I also understand that I must comply with any additional safety practices applicable to my circumstances or position.*

*If my request is granted, I understand that I will be required to comply with departmental safety protocols for unvaccinated employees as a condition of my employment.*

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

Employee Printed Name	
Employee Signature	
Date	

**FOR DEPARTMENT USE ONLY**

Date Request Received	
Received By	
Date Receipt of Acknowledgement was sent to Employee	