

# INCA COMMUNITY SERVICES, INC.



## Request for Accommodation: Religious Exemption from Vaccination

<b>Part 1: To be completed by the employee</b>		<b>Filing Date:</b>	
<b>Full Name:</b>			
<b>Job Title:</b>		<b>Department:</b>	
<b>Phone:</b>		<b>Supervisor:</b>	

**Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):**


**Length of time the accommodation is needed:**

**Describe the religious belief or practice that necessitates this request for accommodation:**


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


I have read and understand INCA's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that INCA may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

<b>Signed:</b>		<b>Date:</b>	
----------------	--	--------------	--

**Part 2: To be completed by the Program Director**

**Describe the requested accommodation:**


**Evaluation of impact (if any):**


Approved: \_\_\_/\_\_\_/\_\_\_\_\_

Denied: \_\_\_/\_\_\_/\_\_\_\_\_

**If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):**

1.	
2.	
3.	

**Date Discussed with Employee:** \_\_\_\_\_

**Final Accommodation Agreed Upon:** \_\_\_\_\_

**If no agreement on an accommodation, provide an explanation:**


<b>Program Director Signature:</b>		<b>Date:</b>	
<b>HR Manager Signature:</b>		<b>Date:</b>	