



Religious Accommodation Request Form

Bolivar County Community Action Agency, Inc. (BCCAA) is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, BCCAA is committed to complying with all laws protecting employees' religious beliefs and practices. When requested, BCCAA will provide an exemption/reasonable accommodation for employees sincerely held religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccination, provided the requested accommodation is reasonable and does not create an undue hardship for the program. or pose a direct threat to the health and/or safety of other employees, their families, our students; clients and visitors; others in the workplace and the community at large. To request an Exemption/Accommodation related to BCCAA's COVID-19 vaccination requirement, please complete this form and return it to Human Resource Manager. This information will be used by the Human Resource Manager and other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, such a refusal may impact BCCAA's ability to adequately understand the individual's request or effectively engage in the interactive program process to identify possible accommodations.

Bolivar County Community Action Agency, Inc. has a general duty to make reasonable efforts to maintain a safe work environment for our employees and their families; our students and their families; our clients and visitors; and the community at large that is free from recognized hazards that are causing or are likely to cause death or serious physical harm. Because COVID-19 is a contagious virus with the potential to cause serious physical harm or death, BCCAA's Board of Directors strong desire is to restore and keep our workplaces as safe and healthy as possible. Where BCCAA has granted an accommodation request of an employee, who because of religious beliefs, is unable or unwilling to be fully vaccinated for the Coronavirus and its various strains, then BCCAA will require the employee to provide proof of a negative COVID-19 test result at least monthly from an FDA approved molecular Polymerase Chain Reaction (PCR) test at the employee's own expense. Failure to provide proof of a monthly negative testing result may result in termination of employment.

Part 1: To be completed by employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

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 Bolivar County Community Action Agency, Inc.'s (BCCAA) 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 BCCAA may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee's Signature: _____ Date: _____

AFFIDAVIT OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION

_____ (Print Name of Employee) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.
2. I understand that BOLIVAR COUNTY COMMUNITY ACTION AGENCY, INC. requires all employees to be vaccinated with the COVID-19 vaccine. The first dose of a two (2) dosage regimen (Pfizer or Moderna) or a single Janssen/Johnson & Johnson dosage on or before Thursday, September 30, 2021 and provide documented proof no later than Monday, October 4, 2021.
3. I understand that BOLIVAR COUNTY COMMUNITY ACTION AGENCY, INC. has determined:
 - a. that the required vaccination is necessary to prevent the spread of COVID-19 among employees and their families; our students and their families; our clients and visitors; and the community at large;
 - b. that data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this affidavit has shown that the required Moderna and Pfizer vaccinations are at least 85% effective in preventing the spread of COVID-19 and have therefore been given emergency use authorization by the FDA;
 - c. that an employee who does not receive the required vaccination is at increased risk of contracting COVID-19 in the workplace; and
 - d. that an employee who does not receive the required vaccination is at risk of spreading COVID-19 to other employees, our students, our clients and visitors in the workplace.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are **not** based solely on grounds of personal philosophy, preference or inconvenience.

I certify that the foregoing is true and correct.

This _____ day of _____, 2021.

Employee Signature

Employee #

Sworn and subscribed before me

This _____ day of _____, 2021.

Notary Public

My commission expires: _____.



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Part 2: To be completed by the employee's immediate supervisor

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:

Immediate Supervisor: _____ Date: _____

Human Resources Director: _____ Date: _____

Executive Director: _____ Date: _____