Request for Religious Accommodation Related to Flu Vaccine

Howard County General Hospital is committed to diversity and inclusiveness of all our employees. To consider your request for a religious workplace accommodation, please provide the following information:

Part 1 – To Be Completed by Employee (additional sheets may be used, if necessary)

Name: _______________________________________ Date of Request: _____________________________

Department: ______________________ Manager: _________________________________________________

Reason for Request:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Suggested reasonable accommodation to meet your requirements or limitations:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

If you have requested this religious accommodation before, please state approximately when the prior request was made, the name of the individual who responded and the outcome of the request:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*APPENDIX 4: VACCINE RELIGIOUS EXCEPTION FORM
**Religion Tenet(s) Documentation**

In some cases, HCGH will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?

Yes ________    No ________

**Verification and Accuracy**

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: __________________________________________ Date: ________________

Print Name: __________________________________________________________________________

**Summary of Next Steps**

1. This request will be completed by the employee requesting a religious accommodation.

2. You will submit your request to the Sr. Vice President, Human Resources no later than November 1st.

3. You will be notified of the decision and/or the proposed accommodation within thirty (30) days.

4. If you disagree with the decision or proposed accommodation, please contact the Department of Human Resources, Howard County General Hospital for assistance at 410-740-7851.
Part 2 – To be completed by HR Representative

Interactive Discussion Date: __________________________ __________________________

Employee’s Suggested Accommodation: __________________________

RESULTS OF INTERACTIVE DISCUSSION: __________________________

Evaluation of Impact (if any): __________________________

Accepted: _____ Not Accepted: _____

If Not Accepted, Why? :

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
Alternative Accommodations (list in order of preference):

1. 
2. 
3. 

Effective Date of Accommodation: 

Duration Period of Accommodation: 

Document reason denying request for a reasonable accommodation: 


Department Head's Signature: __________________________ Date: __________ 

HR Representative: __________________________ Date: __________ 

cc: Employee  
   Employee’s Manager/Director  
   Department of Human Resources, Howard County General Hospital