Skidmore College (the “College”) is committed to providing equal employment opportunities without regard to any protected status. As such, the College is committed to complying with all laws protecting individuals’ religious beliefs and practices. When requested, the College will provide reasonable accommodation of an applicant or employee’s sincerely held religious belief or practice, provided the requested accommodation is reasonable and does not create an undue hardship for the College or pose a direct threat to the health and/or safety of others in the workplace, educational environment, residential environment and/or to the requesting employee.

To request a reasonable accommodation, please complete this form and submit it to Human Resources. This information will be used by Human Resources to engage in an interactive process to determine eligibility for an accommodation and, if appliable, to determine the reasonable accommodation(s) that can be provided to enable the employee to perform the essential functions of their position without causing an undue hardship on the College or posing a direct threat of harm to self or others. Failure to provide this information may impact the College’s ability to effectively engage in the interactive process and to provide a reasonable accommodation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_

What accommodation(s) are you seeking based on a sincerely held religious belief or practice?

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Why are you requesting a reasonable accommodation? Please include an explanation how your sincerely held belief or practice interferes with a College policy, procedure or other job requirement. \_\_\_\_\_\_\_\_\_\_\_\_

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Please explain how the accommodation you are seeking will help resolve the conflict between your religious beliefs or practices and a College policy, procedure or other job requirement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long do you anticipate the need for the accommodation(s) you are requesting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To receive a religious accommodation, the religious observance must be one required by a sincerely held religious belief or practice. In some cases, the College will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s). The College 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 exemption. If requested, can you provide documentation to support your belief(s) and need for an accommodation?

 \_\_ Yes \_\_ No If no, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMPLOYEE AFFIRMATION**

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in corrective action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, educational environment, residential environment and/or me or if it creates an undue hardship on the College.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
Signature Date

**EMPLOYEE AFFIRMATION FOR REQUESTS FOR EXEMPTION FROM COVID-19 VACCINATION**

I understand that the College requires all employees to be vaccinated and provide documented proof of vaccination against COVID-19 by September 3, 2021 as a condition of employment. I understand that I am at an increased risk of contracting COVID-19 if I am not vaccinated and that others who do not receive the vaccination are at risk for spreading COVID-19 to me. I sincerely affirm that vaccination is contrary to my religious beliefs and that my objections are not based solely on grounds of personal philosophy, preference or convenience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Date

***Please return this form to the Skidmore College Human Resources Department or by email to*** ***lgoodwin@skidmore.edu******.***