



Religious Accommodation Request Form

Part 1: To be completed by employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Requested accommodation: vaccination exemption

Length of time the accommodation is needed: _____

Describe any alternate accommodations that might address your needs:

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 KenCrest may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. I understand that any falsified information can lead to disciplinary action, up to and including termination. False statements are also subject to penalties as prescribed under any applicable statutes or ordinances.

Employee signature: _____ Date: _____