

COUNTY OF SANTA CLARA
RELIGIOUS EXCEPTION REQUEST FORM
Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

FULL NAME	EMPLOYEE ID (IF APPLICABLE)
JOB TITLE (IF APPLICABLE)	LOCATION OF WORKSITE
COUNTY DEPARTMENT OR AGENCY	COUNTY SUPERVISOR (IF APPLICABLE)
PHONE NUMBER	EMAIL
NAME OF EMPLOYER/SCHOOL (IF CONTRACTOR OR STUDENT)	

Based on my sincerely held religious belief, practice, or observance, I am requesting an exception to the County of Santa Clara's COVID-19 vaccination requirement as a religious accommodation.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exception as a religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the County's COVID-19 vaccination requirement.

Please provide any additional information that you think may be helpful in processing your religious accommodation request.

While my request is pending, I understand that I must comply with all other COVID-19 prevention requirements (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals under County policy and state and local public health directives. If my request is granted, I understand that I will be required to comply with COVID-19 prevention requirements, other than vaccination, as specified.

I verify the truth and accuracy of the statements in this request form.

Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED FORM TO: eodra@eod.sccgov.org

Name of County Staff Receiving This Request Form: _____

Date Received: _____