



LONG BEACH COMMUNITY COLLEGE DISTRICT
COVID-19 VACCINATION RELIGIOUS EXEMPTION REQUEST

Directions: Fill out all information within this form. For employees submit completed forms to COVID HR Help, at: covid-hrhelp@lbcc.edu. Upon receipt, Human Resources will review your form and contact you. For students, submit completed forms to dmiller-calvert@lbcc.edu. Upon receipt, Student Health Services will review your form and contact you. Please be informed, incomplete forms may cause denial of your request.

I. EMPLOYEE / STUDENT INFORMATION

Check the applicable box and fill out all relevant information.

Student Employee	<input type="checkbox"/>	Address:	
	<input type="checkbox"/>	Personal Email:	
Name:		LBCC Email	
ID:		Job Title	
Cell Phone:		Supervisor	

II. GENERAL INFORMATION

The Long Beach Community College District affords equal educational and employment opportunity for all students and for all qualified employees, applicants, and volunteers as to all terms of employment and prohibits discrimination against students, employees, applicants, and volunteers based on classifications protected by law, including, but not limited to, religion, creed, and religious belief, practice, or observance. Accordingly, the District provides reasonable accommodations for students, applicants, employees, and volunteers whose sincerely held religious belief, practice, or observance conflicts with an educational or employment requirement, unless providing a reasonable accommodation would result in undue hardship on the conduct of the District's operations.

Employees, volunteers, and students may use this form to request a religious accommodation if they have a sincerely held religious belief, practice, or observance that conflicts with the District's requirement that all employees receive a COVID-19 vaccination. The District will consider requests for exemptions for sincerely held religious beliefs on an individual basis.

III. DESCRIPTION OF RELIGIOUS BELIEF, PRACTICE, OR OBSERVANCE

For consideration of a religious exemption, you must answer all of the following. Please be informed, a religious exemption will not be granted on a philosophical, political, conscientious, or sociological beliefs, or personal preferences. Answers to all questions must demonstrate (1) you hold a religious

belief contrary to you being administered the COVID-19 vaccination (2) your religious beliefs are genuinely and sincerely contrary to you being administered the COVID-19 vaccination and (3) the religious principles that form the basis of the objection to you being administered the COVID-19 vaccination must be provided in detail.

In some cases, the District will need to obtain documentation or other authority in support of your accommodation request. This may include documentation from your religious or spiritual leader.

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

(2) Please describe your sincerely held religious beliefs, practices, or observances that conflicts with the requirement that you receive a COVID-19 vaccination.

(3) How have you applied your sincerely held religious beliefs about vaccines and preventive medicine in other contexts? Please describe below.

(4) If you have requested religious accommodations to the District before, please state the nature of the request, the approximate date the request was made, and the outcome.

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

IV. SUBMISSION AND SIGNATURE

I understand that in evaluating my request for an accommodation, the District may require me to provide additional supporting documentation and may not grant my request if it creates an undue hardship on the conduct of the District’s operations. I understand that the District is relying on the information in this request to manage the health and safety of the District’s employees, students and community. If the District determines I have submitted false information I understand that I may be disciplined up to and including termination or expulsion.

By signing and submitting this form, I verify the truth and accuracy of all statements made herein.

Signature

Date Submitted
