

RELIGIOUS ACCOMMODATION REQUEST FORM

The Yuba 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.

To promote a safe and healthful workplace for employees and volunteers, and to promote the health and safety of students, employees, and volunteers working and learning on the District's campus and facilities, and members of the community, the District requires that all students and employees receive a COVID-19 vaccination or agree to submit to testing by December 1, 2021, in order to be physically present on District premises, participate in District activities for an extended amount of time, or be inside a District building or office.

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 or submit to COVID-19 testing. The District will consider requests for exemptions for sincerely held religious beliefs on an individual basis. Exemptions will not be approved based on a purely personal preference to not take the COVID-19 vaccine or not to submit to testing. Opposition to the COVID-19 vaccine or testing due to medical beliefs does not constitute a conflict with the vaccination/testing requirement based on your sincerely held religious belief.

Employee/Student/Volunteer to complete the following information:

Section A: General Information	
Employee's/Student's/Volunteer's Name: _	
Student's Program or Courses:	
Employee's Job Title:	
Employee's Supervisor:	
Employee's Department:	
Employee's Worksite:	

Section B: General Position and Worksite Information
Please check all that currently apply to you:
☐ I am a District student engaged in learning on-campus
☐ I perform work onsite at a District campus or facility
☐ I interact with students, other employees, visitors, or members of the public while
performing my job duties
☐ I perform work in shared or communal spaces or areas where students, othe
employees, visitors, or members of the public may also be present
Section C: Description of Religious Belief, Practice, or Observance Please describe your sincerely held religious beliefs, practices, or observances that conflicts with the requirement that you receive a COVID-19 vaccination or submit to COVID-19 testing:
Does your sincerely held religious belief have formal services, ceremonial functions, and observation of holidays? Please describe below:
How have you applied your sincerely held religious beliefs about vaccines, medica testing, and preventive medicine in other contexts? Please describe below:
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 of the request:

Section D: Requested Accommodation Please describe the accommodation ¹ you are requesting. ²	
n some cases, the District will need to obtain documentation or other authority in support f your accommodation request. This may include documentation from your religious or piritual leader.	
requested, can you provide documentation to support your sincerely held religious belief nd need for an accommodation?	
YES NO	
If y signature below indicates that the information I have provided in this form accurately effects my sincerely held religious beliefs, practices, or observances and its conflict with the District's requirement that all employees receive a COVID-19 vaccination or submit to esting. I also 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. Inderstand that the District is relying on the information in this request to manage the ealth and safety of the District's employees, students and community. If the District etermines that I have submitted false information I can be disciplined up to and including termination or expulsion.	
mployee/Volunteer/Student Signature Date	
*When completed please email form to Lisceth Brazil-Cruz, Interim Vice President of tudent Services, Ibrazil@yccd.edu.	

¹ For employees, please note that an accommodation must enable you to meet the essential functions of your job. For students, reasonable academic adjustments include but are not limited to learning or hybrid learning to the extent practicable or increased mitigation measures, such as the use of an N95 mask and weekly COVID-19 testing where distance learning is not practicable.

² Please note that the District will consider your preferred accommodation and other possible accommodations that would resolve the conflict between your religious beliefs, practices, or observances and will select, approve, and implement the accommodation that it deems effective, which may include, but is not limited to: (1) job restructuring or job reassignment; (2) modification of work practices; (3) alteration to worksite location; or (4) personal protective equipment.