



Requested Accommodation: vaccination exemption for religious beliefs

Part 1: To be completed by member

Name: _____

Date of request: _____

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates this request for accommodation:

Describe any alternate accommodations that might address your needs:

You must also provide written religious materials that describe the religious belief or practice, including a letter from your religious leader on your faith's letterhead describing their observation of your past adherence to the belief and faith.

I have read and understand this policy on religious accommodation. 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 organization. I understand that this organization may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. Additionally, **I understand that I will be required to wear a mask at all times within the building, including on cardio and strength equipment and in group fitness classes. Use of the pool, sauna, and showers will not be permitted.**

Member: _____ Date: _____

Part 2: To be completed by the organization

Describe the requested accommodation:

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. _____

2. _____

3. _____

Date discussed with member: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Executive Director _____ Date: _____

Board of Trustee Representative: _____ Date: _____