**Volunteer Request for Accommodation: Religious Belief Exemption**

To request an exemption from required vaccinations, **please complete this form and submit to the Chief Executive Officer (CEO)** at hr@mannafood.org

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate supervisor (Katie Sayago, Volunteer Manager, or Cheryl Kollin, Community Food Rescue Program Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

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Length of time the accommodation is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Describe any alternate accommodations that might address your needs:

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I have read and understand Manna’s 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 Manna will attempt to provide a reasonable accommodation that does not create an undue hardship on the organization. I understand that Manna may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Volunteer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For ease of signing this form, you may type your name in the signature line using a cursive font).