**Flex-Staff Request for Exemption or Accommodation from COVID-19 Vaccination or Masking/Testing Policy**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Requested accommodation (vaccination exemption and/or masking/testing exemption):

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

Describe the medical condition or disability, or religious belief or practice, that necessitates this 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 Flex-Staff’s COVID-19 Vaccination Policy, including the section on accommodation and exemption requests. My religious beliefs and practices, which result in this request for an accommodation, are sincerely held. If requesting an exemption or accommodation due to a medical condition or disability, I attest that I am providing a true and accurate description of my condition or disability. 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 company. I understand that Flex-Staff may need to obtain supporting documentation regarding my medical condition or religious practice and beliefs to further evaluate my request for a medial or religious accommodation.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_