

**UNIVERSITY OF CALIFORNIA  
EMPLOYEE RELIGIOUS ACCOMMODATION REQUEST FORM  
(Accommodation to Flu Vaccine Mandate)**

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	LOCATION
DEPARTMENT	SUPERVISOR
EMPLOYEE PHONE NUMBER	EMPLOYEE EMAIL

*Based on my sincerely held religious belief, practice, or observance, I am requesting a religious accommodation in connection with the University's flu vaccine mandate.*

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's flu vaccine mandate.

Describe the accommodation(s) you are requesting and the applicable time period or frequency.

Do you anticipate working on premises at any UC location at any time during the 2020-21 flu season?

Yes, regularly.

Yes, sometimes. Please describe: \_\_\_\_\_

No.

I don't know.

Please provide any additional information that may be helpful in processing your religious accommodation request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by University: \_\_\_\_\_ By: \_\_\_\_\_