

# COVID-19 VACCINATION REQUIREMENT EXEMPTION REQUEST PROCEDURES

Issued: September \_\_ 2021

## **I. INTRODUCTION**

The City of Los Angeles (City) has an obligation to provide and support a safe and secure workplace. Guidance provided by the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the Los Angeles County Department of Public Health (DPH), and other local health authorities related to the SARS-CoV-2 virus (COVID-19) uniformly cite vaccination as the most effective way to prevent transmission and limit COVID-19 hospitalizations and deaths. Unvaccinated City employees are at greater risk of contracting and spreading COVID-19 within the workplace, at City facilities, and to the public that depends on City services. Therefore, it is the City's goal to have a fully vaccinated workforce.

To best protect its workforce and others in City facilities, and to fulfill its obligations to the public, the City has adopted the *COVID-19 Vaccination Requirement for All Current and Future City Employees* (hereinafter "COVID-19 Vaccination Requirement") to protect the health of our workforce, their families, customers and visitors, and the community at large from the spread of COVID-19. Employees will not have the option to "opt out" of getting vaccinated and become subject to weekly testing without a City approved exemption.

City employees may request an exemption from the COVID-19 Vaccination Requirement due to the following:

- A disability or medical condition that does not allow them to get vaccinated for COVID-19; or
- A sincerely held religious belief, practice, or observance that prohibits them from receiving a COVID-19 vaccine.

City employees may request a deferment from the COVID-19 Vaccination Requirement due to the following:

- Receipt of a monoclonal antibody or convalescent treatment for COVID-19 within 90 days of the date the request is submitted; or
- A positive COVID-19 test result resulting in the requesting party being in isolation per the recommendation of their healthcare provider.

Personal, political, or philosophical objections to a COVID-19 vaccine are legally insufficient justification for granting an exemption to the COVID-19 Vaccination Requirement.

## **COMPLIANCE WITH FEDERAL AND STATE LAWS**

The Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA) prohibit employment discrimination against applicants and employees on the basis of disability. Title VII of the Civil Rights Act (Title VII) and the FEHA prohibit employment discrimination against applicants and employees on the basis of religion. In accordance with these laws, it is the policy of the City to provide equal employment opportunities to applicants and employees with disabilities, and applicants and employees with sincerely held religious beliefs, practices, or observances.

## **COMPLIANCE WITH THE EQUAL EMPLOYMENT OPPORTUNITY POLICY**

Discriminating against, or harassing employees, applicants or persons providing services by contract to the City of Los Angeles because of their sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, domestic violence victim status, sexual orientation, gender, gender identify, gender expression, military and veteran status, union affiliation or activity, or other protected category under the law is prohibited and unlawful. For the purpose of this guidance document the term “employees” includes unpaid interns and volunteers.

## **II. MEDICAL AND RELIGIOUS EXEMPTIONS**

Departments must consider any request for a medically related or religious exemption that provides sufficient notice of an employee’s inability to comply with the City’s COVID-19 Vaccination Requirement due to a medical condition or a sincerely held religious belief.

**Departments must review requests for exemption from the City’s COVID-19 Vaccination Requirement on a case-by-case basis, and engage in an interactive process with employees who submit such requests, as appropriate. The granting of the exemption shall initiate an interactive process to determine how, where and whether the employee may be accommodated.**

Exemptions and/or deferments from the COVID-19 Vaccination Requirement may be granted under the following circumstances:

**For medical reasons:**

- (1) The employee has a disability or medical condition that precludes them from receiving a COVID-19 vaccination as defined in the City's ***Request for Medical Exemption/Vaccination Deferment Form*** and ***Request For Healthcare Provider Statement***;
- (2) The employee submits a ***Request for Medical Exemption/Vaccination Deferment Form*** to request exemption or deferment;
- (3) The employee provides required medical documentation (i.e. ***Request For Healthcare Provider Statement***) from a licensed health care provider to support an exemption or deferment; **and,**
- (4) An exemption/deferment would not pose an undue hardship to the City or a direct threat to the health and safety of the employee or others that cannot be mitigated.

**OR**

**For religious reasons:**

- (1) The employee holds a sincere religious belief, practice, or observance that precludes them from receiving a COVID-19 vaccination;
- (2) The employee submits a ***Request for Religious Exemption Form***;
- (3) The employee provides required documentation confirming the basis of their exemption including, but not limited to, the ***Religious Accommodation Certification Form***; **and,**
- (4) An exemption would not pose an undue hardship to the City or a direct threat to the health and safety of the employee or others that cannot be mitigated.

**NOTE:** City workforce members covered under the State Public Health Officer Orders of July 26, 2021 (Unvaccinated Workers in High Risk Settings) must satisfy the requirements in those orders, including any process for seeking exemption as outlined by those respective orders.

**PROCEDURE FOR REQUESTING A MEDICAL EXEMPTION OR DEFERMENT**

1. Employees must complete and sign the ***Request for Medical Exemption/Vaccination Deferment Form***. Each employee must also submit a completed ***Healthcare Provider Certification Form*** from their healthcare provider to support their request.

Completed Exemption Request and Certification forms are to be submitted to the employee's Departmental Personnel Officer (DPO) or HR Director or their designee within twenty (20) business days of issuance of the forms to the employee.

2. The Department must acknowledge receipt of an employee's submission of a **Request for Medical Exemption/Vaccination Deferment and Certification Forms** as soon as practicable. Acknowledgements may be made by email stating that the request has been received.
3. Designated department personnel must engage employees in a timely, good faith interactive process if the need for a medical exemption from the COVID-19 Vaccination Requirement is not established by the completed required forms.
4. Designated department personnel must make a preliminary assessment based on a review and analysis of all submitted documentation and information provided by the employee, as soon as practicable, after receipt of the employee's exemption request.
5. The DPOs must submit their preliminary assessment to the Personnel Department's COVID-19 Exemption/Deferment Review Unit within three (3) business days of making said assessment.
6. The Personnel Department's COVID-19 Exemption/Deferment Review Unit will notify the designated DPO or HR Director or their designee that the preliminary assessment is either approved or denied.
7. For approved employee requests for exemption, designated department personnel must use the **Approval of Exemption Form** to document and communicate final determinations on employee requests for disability and/or medically related exemptions or deferments to the vaccination requirement. For requests that are denied, designated department personnel must use the **Denial of Exemption Form**. The reason for any denial must be stated on the form.
8. When an exemption is approved, copies of all **Approval of Exemption Forms** will be uploaded to a secure database along with the employee's "unvaccinated" status for the purpose of tracking recurring COVID testing.
9. **Employees are to be reminded that the knowing submission of any false or misleading information on any government record is an act in violation of the City's policies that may subject the submitting party to discipline. (See City of Los Angeles Personnel Policies Section 33.2).**

## PROCEDURE FOR REQUESTING A RELIGIOUS EXEMPTION

1. The employee must complete and sign the ***Request for Religious Exemption Form***. The employee must also submit a completed ***Religious Accommodation Certification Form*** from their religious organization to support their request. Completed forms are to be submitted to the Departmental Personnel Officer (DPO) or their designee.

Completed Exemption Request and Certification forms are to be submitted to the employee's Departmental Personnel Officer (DPO) or HR Director or their designee within twenty (20) business days of issuance of the forms to the employee.

2. The Department must acknowledge receipt of a completed employee request for a religious exemption from the COVID-19 Vaccination Requirement as soon as practicable. Acknowledgements may be made by email stating that the request has been received.
3. Designated department personnel must engage employees in a timely, good faith interactive process if the need for a religious exemption from COVID-19 vaccination requirements is not established by the completed ***Request for Religious Exemption Form***.

**NOTE:** In situations where, after engaging the employee in the interactive process, there is an objective basis for questioning either the religious nature or the sincerity of a particular belief, observance, or practice, a department may seek additional information to support an employee's religious exemption request. **Before doing so, department personnel conducting the interactive review process should contact their department's assigned liaison Deputy City Attorney in the Labor Relations Division.**

4. Additional information which the employee can, at their discretion, submit as part of a completed request for religious exemption from the COVID-19 Vaccination Requirement may include the following:
  - a) Articles from religious scholars that describe the nature of the religious belief(s), practice(s), or observance(s) and the need for an exemption from the COVID-19 Vaccination Requirement;
  - b) Excerpts from religious or sacred texts explaining the religious belief(s), practice(s), or observance(s) that prohibit vaccination;

- c) Written materials that describe the religious belief(s), practice(s), or observance(s) that prohibit vaccination;
  - d) Statements, affidavits, or other documents from the employee describing their religious belief(s), practice(s), or observance(s), as well as when, where, and how the employee has adhered to the belief, practice, or observance that prohibits vaccination; or
  - e) Statements, affidavits, or other documents from potential witnesses identified by the employee as having knowledge of whether the employee adheres or does not adhere to the religious belief(s), practice(s), or observance(s) that prohibit vaccination, (e.g., religious leader, family, friend, neighbor, supervisor, or coworker who may have observed the employee's past adherence, or lack thereof, or discussed it with the employee).
5. Designated department personnel must make a preliminary assessment based on a review and analysis of all submitted documentation and information provided by the employee, as soon as practicable, after receipt of the employee's exemption request.
  6. The DPO/HR Director must submit their preliminary assessment to the Personnel Department's COVID-19 Exemption Review Unit within three (3) business days of making said assessment.
  7. The Personnel Department's COVID-19 Exemption/Deferment Review Unit will notify the DPO or HR Director or their designee about its final determination.
  8. For approved requests, designated department personnel must use the **Approval of Exemption Form** to document and communicate final determinations on employee requests for Religious Exemption related exemptions to the COVID-19 Vaccination Requirement. For requests that are denied, designated department personnel must use the **Denial of Exemption Form**. The reason for any denial must be stated on the form.
  9. When an exemption is approved, copies of all **Approval of Exemption Forms** will be uploaded to a secure database along with the employee's "unvaccinated" status for the purpose of tracking recurring COVID testing.

- 10. Employees are to be reminded that the knowing submission of any false or misleading information on any government record is an act in violation of the City's policies that may subject the submitting party to discipline. (See *City of Los Angeles Personnel Policies Section 33.2*).**

## **EMPLOYEES WHO BEGIN CITY EMPLOYMENT ON OR AFTER OCTOBER 20, 2021**

In accordance with Los Angeles City Ordinance 187134, candidates for employment must meet the minimum requirement of being fully vaccinated against COVID-19 or have received an exemption and report their vaccination status prior to appointment by the hiring authority (LAMC Sec. 4.704(a)). The ordinance is available at:

[https://clkrep.lacity.org/onlinedocs/2021/21-0921\\_ord\\_187134\\_8-24-21.pdf](https://clkrep.lacity.org/onlinedocs/2021/21-0921_ord_187134_8-24-21.pdf)

## **COVID-19 TESTING REQUIREMENTS FOR INDIVIDUALS WITH APPROVED EXEMPTIONS OR DEFERMENTS**

Unvaccinated City employees who are granted a medical or religious exemption or deferment to the COVID-19 Vaccination Requirement and newly hired employees (prior to October 20, 2021) who are in the process of achieving full vaccination and who are required to regularly report to a City worksite shall be subject to weekly COVID-19 tests. Testing will be provided to such employees at no cost during their work hours following a process and timeline determined by the City.

Unvaccinated City employees who receive a medical or religious exemption or deferment under the COVID-19 Vaccination Requirement and newly hired employees (prior to October 20, 2021) who are in the process of achieving full vaccination and who are authorized to work remotely, e.g., telecommuting or teleworking, shall be subject to COVID-19 testing if they are required to report to a worksite on an as-needed basis.

Unvaccinated City employees who receive a medical deferment under the COVID-19 Vaccination Requirement, e.g., due to a COVID-19 monoclonal antibody or convalescent treatment (within the last 90 days) or a positive COVID-19 test and present isolation period, shall be required to obtain their first vaccination dose within fourteen (14) days of the expiration of their deferment period.

City employees undergoing regular COVID-19 testing at the direction of their department will be provided further instructions on how to provide proof of testing and results to their DPO and HR Director. Asymptomatic employees may return to the workplace while awaiting test results. At no time shall an individual with a positive COVID-19 test result be permitted to enter a City facility or work location.

Regardless of test results, City employees must adhere to all workplace screening requirements and safety protocols when in a City facility or work location and/or when in contact with other City employees or members of the public while working.

## **APPEAL FROM DENIAL OF REQUEST FOR EXEMPTION**

Employees who wish to appeal a denial of their request for exemption may file an appeal with the Personnel Department using the ***Appeal from Denial of Request for Exemption Form***. Appeals will be adjudicated by department heads/General Managers (or their management designee). The name of the employee seeking an appeal will be redacted from the appeal and supporting documentation prior to submission to the department. The department will submit its final decision to the Personnel Department and the employee will be subsequently notified of the decision.

Further detail on the appeal process will be provided at a later date.

**CITY OF LOS ANGELES  
EMPLOYEE REQUEST FOR  
MEDICAL EXEMPTION OR VACCINATION DEFERMENT  
(From COVID-19 Vaccination Requirement)**

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	DEPARTMENT
WORK SECTION / DIVISION / UNIT	SUPERVISOR
PHONE NUMBER	EMAIL

***By submitting this form, I acknowledge I am requesting a medical exemption or deferment to the City of Los Angeles COVID-19 Vaccination Requirement for one of the following reasons:***

1. I need a medical exemption due to a contraindication or precaution to COVID-19 vaccination or by the vaccines' manufacturers based on my medical status or condition; or
2. I need a vaccination deferment due to a COVID-19 monoclonal antibody or convalescent treatment (within the last 90 days).
3. I need a vaccination deferment due to my positive COVID-19 test and present isolation period.

To be eligible for a Medical Exemption/Vaccination Deferment, you must check the box on Page 2 next to the circumstance that applies to the basis for your request. **A completed Healthcare Provider Statement Supplemental Form must be submitted with this Exemption Request Form.**

***Note: You do not need to identify any diagnosis, disability, or other protected health information (other than COVID-19 diagnosis in Part B). The City does not and cannot require your medical diagnosis to process your request.***

EMPLOYEE NAME	EMPLOYEE ID
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**TO BE COMPLETED BY EMPLOYEE REQUESTING EXEMPTION OR DEFERMENT**

**Section A: Request for Medical Exemption Due to Contraindication or Precaution**

- The contraindications or precautions to COVID-19 vaccination recognized by the CDC or by the vaccines' manufacturers apply to me, based on my medical status or condition, with respect to all available COVID-19 vaccines. For that reason, I am requesting an exception to the COVID-19 vaccination requirement based on a medical exemption. My request is supported by the attached certification from my health care provider. ***I understand that the certification must be signed by a licensed physician.***

**Section B: Request for Vaccination Deferment Due to COVID-19 Treatment**

- I have been treated for COVID-19 with a monoclonal antibody or convalescent treatment within the last 90 days. For that reason, I am requesting a deferment to the COVID-19 vaccination requirement based on the treatment I received for my prior COVID-19 status. My request is supported by the attached certification from my health care provider. ***I understand that the certification must be signed by a licensed physician and must state the date on which I received the monoclonal antibody or convalescent treatment for COVID-19.***

**Section C: Positive COVID-19 Test Within the Last 10 Days**

- I certify I received a positive COVID-19 test and am in isolation pursuant to advice by a medical professional. My request is supported by the attached certification from my health care provider. ***I understand that the certification must be signed by a licensed physician and must state the date on which I was first diagnosed with COVID-19 (for which I am presently in isolation).***

EMPLOYEE NAME	EMPLOYEE ID
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Please use the space below or attach documents as necessary to provide any additional information that you think may be helpful in processing your request. **Again, you do not need to identify your diagnosis, disability, or other protected health information (other than a COVID-19 diagnosis). The City does not and cannot require your medical diagnosis (other than as specified).**

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**EMPLOYEE ACKNOWLEDGEMENT**

*I understand that the City may contact my health care provider to verify the authenticity of any supporting medical documentation provided.*

*While my request is pending, I understand that I must comply with the City of Los Angeles’s **Workplace Safety Standards** and all other City safety policies and practices (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my employment. The City’s required safety practices may include more stringent requirements than those established by the Centers for Disease Control (CDC) and Los Angeles County Department of Public Health. I also understand that I must comply with any additional safety practices applicable to my circumstances or position.*

*If my request is granted, I understand I will be required to comply with departmental and City safety protocols for unvaccinated employees as a condition of my employment.*

***I verify the truth and accuracy of the statements and acknowledgements made in this request form. I also understand that the knowing submission of false or misleading information violates City policy for which I may be subject to discipline (See City of Los Angeles Personnel Policies Section 33.2).***

Employee Printed Name	
Employee Signature	
Date	

EMPLOYEE NAME	EMPLOYEE ID
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**DATES TO BE COMPLETED BY MANAGEMENT**

Sent to Employee	
Completed Form Due	
Completed Request Form Submitted by Employee	

Submitted to Review Unit	
Submitted By	
Determination Submitted by Review Unit to Department	

**TO BE COMPLETED BY COVID-19 EXEMPTION/DEFERMENT REVIEW UNIT**

Assigned Reviewer(s): \_\_\_\_\_

Determination:

- Exemption/Deferment Approved
- Exemption/Deferment Denied
- More information needed:
  - Additional Documentation
  - Follow up with Medical Provider
  - Other: \_\_\_\_\_

**CITY OF LOS ANGELES**

**REQUEST FOR HEALTHCARE PROVIDER STATEMENT**  
For Exemption/Deferment to SARS-CoV-2 (COVID-19) Vaccination Requirement

**CERTIFICATION REQUESTED FOR:**

Employee Name	Employee ID
Job Title	Department

**NOTIFICATION TO THE CERTIFYING MEDICAL PROFESSIONAL**

The City of Los Angeles requires its employees be vaccinated against COVID-19 infection as a condition of employment. The City may grant exemptions or deferment to this requirement based on the following:

- a) Medical exemption due to a contraindication or precaution to COVID-19 vaccination recognized by the U.S. Centers for Disease Control and Prevention (CDC) or by the vaccines’ manufacturers based on the employee/individual’s medical status or condition; or
- b) Medical deferment due to COVID-19 monoclonal antibody or convalescent treatment within the last 90 days; or
- c) Medical deferment due to a positive COVID-19 test and present isolation period.

The individual named above is a patient under your care, who seeks a medical accommodation exempting or deferring them from the City of Los Angeles’s employee Covid-19 Vaccination Requirement for one of the above reasons.

**INSTRUCTIONS THE HEALTHCARE PROVIDER**

Please complete the threshold questions by checking “yes” or “no” based on your personal knowledge and medical opinion.

Please complete **Section A** of this form by checking off all applicable boxes within this section **if** one or more of the contraindications or precautions to the COVID-19 vaccinations recognized by the CDC or the vaccines’ manufacturers apply to the patient/employee identified above, based on their medical status or condition.

Please complete **Section B** of this form by checking off all applicable boxes within this section **if** the patient/employee identified above has received a monoclonal antibody or convalescent treatment for COVID-19 within the last 90 days.

Please complete **Section C** of this form by checking off all applicable boxes within this section **if** the patient/employee identified above has received a positive COVID-19 test result and is in an isolation period at (or consistent with) your recommendation.

EMPLOYEE NAME	EMPLOYEE ID
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### **IMPORTANT NOTE**

***Do not identify the patient's diagnosis, disability, or other medical information (other than a COVID-19 diagnosis in Part B) as this document will be returned to the City of Los Angeles.***

Please note the following from the Genetic Information Nondiscrimination Act of 2008 (GINA), which applies to all City of Los Angeles employees:

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

**HEALTHCARE PROVIDER STATEMENT**  
**For Exemption to SARS-CoV-2 (COVID-19) Vaccination Requirement**

**TO BE COMPLETED BY THE CERTIFYING MEDICAL PROFESSIONAL**

Please answer the following threshold questions (1 and 2):

1. Do you regard the individual requesting this certification as having a disability or medical condition that prevents your patient from receiving any of the available CDC recognized or FDA approved COVID-19 vaccinations?

- Yes  
 No

2. Does the individual requesting this certification have a documented record of such disability or medical condition (meaning a historical background of having the disability or medical condition) that prevents your patient from receiving any of the available CDC recognized or FDA approved COVID-19 vaccinations?

- Yes  
 No

If you answered “yes” to both questions 1 *and* 2, please complete the appropriate section (A, B, or C) on page 4:

EMPLOYEE NAME	EMPLOYEE ID
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### **Section A: Contraindication to COVID-19 Vaccination**

- I certify that one or more of the contraindications or precautions recognized by the CDC or by the vaccines' manufacturers for each of the currently available COVID-19 vaccines applies to the patient listed above, based on the patient's medical status or condition.

The contraindication(s) and/or precaution(s) is/are:

- Permanent
- Temporary; enter the expected end date: \_\_\_\_\_.
- I certify that in my professional opinion, the COVID-19 vaccination using any of the currently available COVID-19 vaccines is inadvisable for this patient.

### **Section B: COVID-19 Treatment Within the Last 90 Days**

- I certify that this patient has received monoclonal antibody or convalescent treatment for COVID-19 on (date) \_\_\_\_\_.
- I certify that in my professional opinion, the COVID-19 vaccination using any of the currently available COVID-19 vaccines is inadvisable for this patient within 90 days of the date referenced herein.

### **Section C: Positive COVID-19 Test Within the Last 10 Days**

- I certify that this patient has received a positive COVID-19 test on (date) \_\_\_\_\_ and is in isolation under (or consistent with) my recommendation.
- I certify that in my professional opinion, the COVID-19 vaccination using any of the currently available COVID-19 vaccines is inadvisable for this patient until this patient is no longer within my recommended isolation period.

EMPLOYEE NAME	EMPLOYEE ID
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***As a licensed physician, I hereby certify the existence of a disability or medical condition that prevents the patient/employee identified above from receiving a COVID-19 vaccination and the need for an accommodation for this patient.***

***Please note: the Medical Board of California (Board) has informed licensees and the public that a physician who grants a mask or other exemption without conducting an appropriate prior exam and without a finding of a legitimate medical reason supporting such an exemption within the standard of care may be subjecting their license to disciplinary action. (8/8/21)***

(See, <https://www.mbc.ca.gov/News/COVID19-Updates.aspx>)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Printed Professional Title

\_\_\_\_\_  
Medical License Number and Issuing State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Care Facility Name

\_\_\_\_\_  
Health Care Facility Address

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Physician Email Address

\_\_\_\_\_  
Physician Fax Number

CITY OF LOS ANGELES

EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION  
RELIGIOUS EXEMPTION REQUEST FORM  
(COVID-19 Vaccination Requirement Exemption)

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

***By submitting this form, I acknowledge I am requesting an exemption to the City of Los Angeles COVID-19 Vaccination Requirement for All Current and Future City Employees as a religious accommodation based on my sincerely held religious belief, practice, or observance.<sup>1</sup>***

***To be eligible for this exemption, complete and submit both this form and a completed Religious Accommodation Certification Form.***

***The granting of an exemption request will be based on the entirety of the application and not based on any single piece of information provided.***

**TO BE COMPLETED BY EMPLOYEE REQUESTING EXEMPTION**

1. Do you regard yourself as having a sincerely held religious belief, practice or observance that you believe should exempt you from the City's COVID-19 Vaccination Requirement?

- Yes  
 No

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<sup>1</sup> Decisions on Religious Exemption Requests will be decided on a case by case basis. Religious beliefs do not have to be theistic, but can be non-theistic, strongly held moral or ethical beliefs. However, mere personal preferences -- beliefs based on social, political or economic philosophies, or veganism, for example -- are not considered religious beliefs. Employees who hold a sincerely held religious belief will be engaged in an interactive process and accommodated, absent an undue hardship to the City.

EMPLOYEE NAME

EMPLOYEE ID

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2. If your answer to Question 1 is "Yes," please identify/explain the nature of your sincerely held religious belief, practice, or observance that is the basis for your request for an exemption as a religious accommodation **and** how long you have held or maintained the referenced religious belief, practice or observance.

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3. If your answer to Question 1 is "Yes," please briefly explain how your sincerely held religious belief, practice, or observance **conflicts** with the City of Los Angeles's COVID-19 vaccination requirement.

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4. If your answer to Question 1 is "Yes," please briefly explain how your sincerely held religious belief, practice, or observance that conflicts with the City of Los Angeles's COVID-19 vaccination requirement also governs or impacts other aspects of your life.

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EMPLOYEE NAME	EMPLOYEE ID
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**EMPLOYEE ACKNOWLEDGEMENT:**

*I understand that the City may contact the individual I have assigned to complete my **Religious Accommodation Certification Form** to verify authenticity of the document or to obtain clarification.*

*While my request is pending, I understand that I must comply with the City of Los Angeles's **Workplace Safety Standards** and all other City safety policies and practices (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my employment. The City's required safety practices may include more stringent requirements than those established by the Centers for Disease Control (CDC) and Los Angeles County Department of Public Health. I also understand that I must comply with any additional safety practices applicable to my circumstances or position.*

*If my request is granted, I understand I will be required to comply with departmental and City safety protocols for unvaccinated employees as a condition of my employment.*

***I verify the truth and accuracy of the statements and acknowledgements made in this request form. I also understand that the knowing submission of false or misleading information violates City policy for which I may be subject to discipline (See City of Los Angeles Personnel Policies Section 33.2).***

Employee Printed Name	
Employee Signature	
Date	

EMPLOYEE NAME	EMPLOYEE ID
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**DATES TO BE COMPLETED BY MANAGEMENT**

Sent to Employee	
Completed Form Due	
Completed Request Form Submitted by Employee	

Submitted to Review Unit	
Submitted By	
Determination Submitted by Review Unit to Department	

**TO BE COMPLETED BY COVID-19 EXEMPTION/DEFERMENT REVIEW UNIT**

Assigned Reviewer(s): \_\_\_\_\_

Determination:

- Exemption Approved
- Exemption Denied
- More information needed:
  - Additional Documentation
  - Follow up with Certifying Individual (Form D)
  - Other: \_\_\_\_\_

**CITY OF LOS ANGELES**  
**RELIGIOUS ACCOMMODATION CERTIFICATION FORM**  
For Exemption from COVID-19 Vaccination Requirement

**CERTIFICATION REQUESTED FOR:**

Employee Name	Employee ID
Job Title	Department

**NOTIFICATION TO THE CERTIFYING RELIGIOUS OFFICIAL**

The City of Los Angeles requires its employees be vaccinated against COVID-19 infection as a condition of employment. The City may grant exemptions to this requirement based on the following:

- a) Employees with sincerely held religious **beliefs** that prevent them from receiving a COVID-19 vaccine; or
- b) Employees with sincerely held religious **practices** that prevent them from receiving a COVID-19 vaccine; or
- c) Employees with sincerely held religious **observances** that prevent them from receiving a COVID-19 vaccine

The individual named above is a member of your religious organization or religious belief system, and/or seeks a religious accommodation exempting them from the City of Los Angeles's employee Covid-19 Vaccination Requirement for one or more of the above reasons.

**INSTRUCTIONS TO THE CERTIFYING RELIGIOUS OFFICIAL**

The individual named above has identified you as an individual with knowledge of the religious belief(s), practice(s), or observance(s) that precludes the individual from receiving a COVID-19 vaccination as required under the City's Policies.

**Please complete this form based upon your own personal knowledge and a sincere belief(s) about the individual requesting the COVID-19 vaccine religious exemption.**

**The granting of an exemption request will be based on the entirety of the application and not based on any single piece of information provided.**

**RELIGIOUS OFFICIAL STATEMENT**  
For Exemption to the COVID-19 Vaccination Requirement

**TO BE COMPLETED BY RELIGIOUS OFFICIAL**

1. I am a (please check all appropriate boxes):

- Religious Leader
- Religious Scholar
- Person Knowledgeable Regarding the Requesting Individual's Religious Beliefs, Practice or Observances

If you checked any of the above boxes, please explain the basis of your assertion(s):

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2. The above-named employee/individual adheres to the following religion or belief system (include the name or description of the religion or belief system):

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3. I have personal knowledge of the above-named employee's adherence to this belief system:

- YES
- NO

If YES, please explain how you have personal knowledge of the employee's adherence to the belief system.

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4. Does the religion or belief system identified in response to Question 2 (above) require adherents to abstain from the COVID-19 vaccination because the vaccination conflicts with the tenets, practices and observations of a church, religious denomination, religious organization and/or the individual/employee's sincerely held religious belief system?

- YES
- NO

If YES, in the space below or in an attached document, please cite the specific tenet, practice or observation that conflicts with the COVID-19 vaccination requirement, and/or explain how the tenet, practice, or observation is followed and applies to the individual requesting this certification.

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***I declare under penalty of perjury that that my statement above and/or attached is true and correct.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Email

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address of Place of Worship (if applicable)