

REASONABLE ACCOMMODATION REQUEST | EMPLOYEES

*This form should be used by any **employee** requesting a reasonable accommodation to the COVID-19 vaccine policy of the Massachusetts Community College system ("Employee Vaccination Policy".)*

Massachusetts Community College members, including students, faculty, and staff must be fully vaccinated against COVID-19 and submit verification of their fully vaccinated status to the College absent an approved reasonable accommodation consistent with the Employee Vaccination Policy.

All requests for reasonable accommodation, including any requests to be exempt from vaccine requirements for medical or religious reasons, will be considered consistent with applicable laws and legal guidance and the Board of Higher Education Policy on Affirmative Action, Equal Opportunity & Diversity for the Massachusetts Community Colleges. The College will engage in an interactive process to determine if you are eligible for a reasonable accommodation, and if so, whether the requested accommodation is reasonable and does not create an undue hardship for the College and/or does not pose a direct threat to the health or safety of others in the learning and working environment, as applicable.

If unable to submit verification of full vaccination status and seeking a reasonable accommodation to comply with the Employee Vaccination Policy, you should complete and submit this form along with the requested documentation as soon as possible and without delay in order to allow adequate time for the individualized interactive process to occur.

Employee Name _____

Employee ID (if applicable) _____

College Email (if applicable) _____

Personal Email (if not currently employed) _____

Work Phone _____ Cell Phone (optional) _____

Position Title _____

Regular Work Schedule _____

Regular Work Location Currently Assigned _____

Describe why you are unable to be fully vaccinated against COVID-19 and/or unable to submit verification of full vaccination status in compliance with the Employee Vaccination Policy.

Describe the reasonable accommodation you are requesting (including the applicable time period, if any) and all other alternate reasonable accommodations you considered (if none considered, list other alternate reasonable accommodations that may address your needs).

If your request is based on a disability (e.g., a health condition), describe your disability and how it prevents/limits you from obtaining the COVID-19 vaccine and/or submitting verification of full vaccination status in compliance with the Employee Vaccination Policy.

→ *REQUIRED: Attach current documentation from your healthcare provider supporting your request for a reasonable accommodation based on disability*

If your request is based on religion, describe your sincerely-held religious beliefs or practices that prevent or limit you from obtaining the COVID-19 vaccine and/or submitting verification of full vaccination status in compliance with the Employee Vaccination Policy.

How long have you adhered to these religious beliefs or practices?

Are you a member of a particular church or religious organization that also holds these religious beliefs or practices?

Yes No

If yes, what is the name of the church/religious organization and how long have you been a member?

If you wish, you may provide additional examples of how you abide by these religious beliefs or practices in your daily life that support your request.

Does anything other than the COVID-19 vaccine verification requirement interfere with these religious beliefs or practices?

Yes No

If yes, specify examples.

Have you received other vaccinations (e.g., Tdap, Hepatitis B, MMR, Varicella, or Meningococcal)?

Yes No

If yes, explain why these religious beliefs or practices did not prevent or limit you from obtaining these vaccinations.

Have these religious beliefs or practices prevented or limited you from receiving any other vaccination(s)?

Yes No

If no, why?

Explain why your objection to the COVID-19 vaccination is not based on secular grounds such as personal philosophy, preference or inconvenience.

→ *OPTIONAL: Attach documentation supporting your request for reasonable accommodation based on religion, if any.*

If your request is based on a special circumstance that is not related to disability or religion but which you believe would qualify you for a reasonable accommodation, explain in detail the nature of, and rationale for, your request.

→ *OPTIONAL: Attach documentation supporting your request for reasonable accommodation based on special circumstances, if any.*

EMPLOYEE CERTIFICATION | All Employees Must Review and Sign

By my signature below, I certify that the information I have provided on this form, including any attached documentation, is truthful, complete, and accurate and I acknowledge that, following the effective date of the Employee Vaccination Policy:

- the individualized interactive process is estimated to take a minimum of ten (10) business days after receipt of satisfactory documentation supporting my eligibility for reasonable accommodation and clarification and/or additional documentation may be requested at any point in the interactive process;
- the interactive process cannot begin until I have submitted truthful, complete and accurate information and all supporting documentation requested;
- if my request for accommodation is based on a disability (ex. health condition), current documentation from my healthcare provider supporting my request is required; and
- if the information I submit is deemed to be fraudulent or untruthful I may be subject to interim employment action and/or discipline consistent with applicable collective bargaining agreements and employee handbooks.

Signature of Employee _____

Date _____