



COMMUNITY CARE NETWORK OF KANSAS

Health. Equity. Justice.

COVID-19 Request for Accommodation Form

We are committed to complying with all laws and working with employees that request to be exempt from the health center's requirement to be vaccinated, when an exemption is reasonable and the accommodation would not create an undue hardship to the operation of the health center's business.

Types of Exemptions

There are two types of exemptions in which an employee may request a reasonable accommodation:

- Religious exemptions for sincerely held religious beliefs, practices and observances (e.g., faith healing religious denominations that have beliefs contradictory to the practice of vaccination).
- Medical exemptions for certain disabilities (e.g., an allergy to one of the vaccine components or a medical condition).
 - The exemptions and request for a reasonable accommodation are covered under Title VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA) and other Equal Employment Opportunity (EEO) considerations.

Accommodation Request Process

The Human Resources Representative or Designated Employee will review the request, required documentation for medical exemptions, and determine if the request is reasonable and does not create an undue hardship for the Company and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to the Company's COVID-19 vaccination policy:

- Employee will complete Part 1 of this form.
- If requesting an exemption due to medical reasons, the healthcare provider will complete Part 2 (the certification portion), and return the form to Human Resources.
 - This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine whether an employee is eligible for such exemption/accommodation and if so, to determine the reasonable accommodations which can be provided that would enable the employee to perform the essential functions of their position without posing a threat of harm to self or others. If an employee refuses to provide such information, the employee's refusal may impact the Company's ability to adequately understand the employee's request or to effectively engage in the interactive process to identify possible accommodations. Medical exemptions/accommodations for the COVID-19 vaccine will be considered if the employee provides a written certification by a licensed, treating medical provider such as a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA).
- If requesting an exemption due to religious reasons, complete Part 1 of this form.
- Human Resources Representative or Designated Employee will complete Part 3 and review the information with the employee and determination of exemption/accommodation request.

Part 1- To Be Completed by Employee:

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

I am requesting an accommodation due to:

A medical condition that is covered under the American with Disabilities Act (ADA)

A religious belief, practice and/or observance contradictory to the practice of vaccination

I agree that if my request is granted that I will follow the accommodation requirements set forth and communicated to me by the Company.

Print Name: _____ Date Submitted: _____

Signature: _____

Part 2- To be printed and completed by Employee's Medical Provider and attached to Request for Accommodation Form:

[Kansas Certificate of Immunizations Medical Exemption Form](#)

Part 3- To be completed by Human Resources Representative:

Exemption/Accommodation granted? _____ Yes _____ No

If Exemption/Accommodation granted, list accommodation requirements:

If Exemption/Accommodation not granted, reason why:

Date Exemption/Accommodation information is communicated to employee _____

Name of Representative: _____

Signature: _____

Date: _____