

**CARROLL COLLEGE MARCHING FORWARD COVID-19 PLAN**

**RELIGIOUS EXEMPTION REQUEST FORM – EMPLOYEES**

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| Employee First Name |  | Carroll I.D. # |  |
| Employee Last Name |  | Home/Cell Phone |  |
| Date of Request |  | e-mail address |  |

This form is for employees who are requesting a religious accommodation (exemption) from a COVID-19 policy at Carroll College. Once completed, please submit your form to the Carroll College Human Resources Office. The address can be found at the bottom of page 2.

The information provided will be reviewed by the Carroll College Human Resources Office. You may be contacted for clarification if needed. This form should be filled out and signed by the employee. Religious accommodations, if granted, will remain in place for one academic year and must be renewed annually.

1. **Please identify the Carroll College requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").**
2. **Please describe the nature of your sincerely held religious beliefs that conflict with the Carroll College requirement, policy, or practice identified above.**
3. **What is the specific accommodation or modification that you are requesting?**
4. **List any alternative accommodations that also would eliminate the conflict between the Carroll College requirement, policy, or practice and your sincerely held religious beliefs.**

**Employee must read the following and initial and sign:**

1. I understand that COVID-19 is a serious viral illness and the Centers for Disease Control and Prevention (CDC), American College Health Association (ACHA), Montana Department of Public Health and Human Services (MT DPHHS), and Lewis and Clark County Public Health Department strongly encourage wearing face coverings and/or masks to mitigate against the spread of the virus. **Initial \_\_\_\_**
2. I also understand that Carroll College will not discriminate against me for requesting this accommodation. **Initial \_\_\_\_\_**
3. I understand that Carroll College reserves the right to request additional documentation. If approved, this exemption will only remain in effect for the duration of the current academic year. I understand requests must be renewed annually. **Initial \_\_\_\_\_**
4. I agree to fully comply with all Carroll College policies and procedures, other than those for which I have been granted an exemption in writing. **Initial \_\_\_\_\_\_**

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

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| CARROLL COLLEGE  HUMAN RESOURCE OFFICE USE ONLY | Karla Smith, Director of Human Resources and Title IX Coordinator  O’Connell Hall Room 214  Phone – 406-447-5501  klsmith@carroll.edu |
| Exemption Granted (Y/N) |  |
| If the requested accommodation is denied or the accommodation provided is different from the one requested, explain the basis for denying the original request. |  |
| Identify the Accommodation Provided, if Applicable: |  |
| Approved By: |  |
| Date: |  |