



Los Angeles Skills Academy

Religious Accommodation Request Form – COVID-19 Vaccination

Employee/Student/Applicant Name: _____

School Name: Los Angeles Skills Academy Position or Title: _____

Phone Number: _____ Request Date: _____

Please provide a brief explanation of your reasons for requesting a religious exemption from the COVID-19 Vaccination. Please indicate your strongly held religious beliefs or practices that are in conflict with the COVID-19 vaccination and how your religious beliefs and practices have been applied to other exemptions you have requested for medical interventions or treatment. (Attach another sheet if necessary).

Multiple horizontal lines for providing a detailed explanation of religious beliefs and practices.

Verification and Accuracy

I verify that the above information 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 understand that unvaccinated individuals will be required to meet additional requirements such as twice weekly Covid-19 testing wearing personal protective equipment and that these requirements are subject to change.

Employee/Student/Applicant Signature: _____

Date: _____

ADMINISTRATION USE ONLY: Approved/Date: _____ Declined/Date: _____