SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 8 2021 RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

E	mployee Name:			
1.	Below describe th	e religious helief practice	e or observance that	is the basis for your request for a religious
٠.	accommodation	e rengious sener, pruenec	e, or observance that	is the basis for your request for a lengtous
2.	Does your religiou	s belief, practice, or obse	rvance lead you to ob	ject to:
	a. All me	dical treatment		
		cinations – he COVID-19 vaccination		
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3.	Briefly explain how	-	ious belief, practice, o	or observance conflicts with the COVID-19
4.	Briefly describe the	e accommodation you are	e requesting.	
_	If the very selfer of		en e elega identife th	
Э.	longer needed:	ccommodation is tempor	arv. blease identity tr	ne anticipated date the accommodation is no
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				this request, and that I have truthfully erstand that this form will be stored separately
fro	m my personnel file			
				9-7-21
Er				Date
		Huma	n Resource Services F	Review
	Reviewed By:_			Date:
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RECEIVED SEP - 8 2021

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

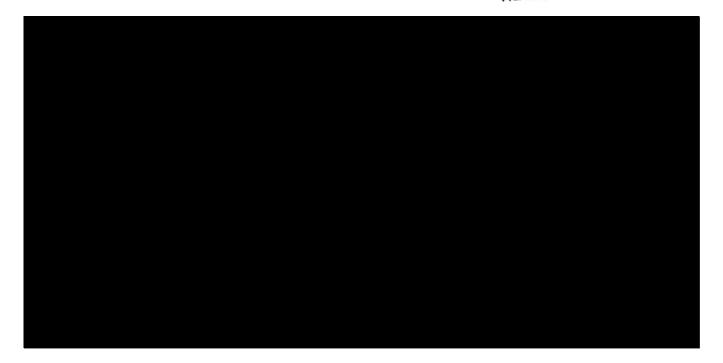
E	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious
	accommodation.
2.	Does your religious belief, practice, or observance lead you to object to:
	a. All medical treatment – Yes/No
	b. All vaccinations – Yes/No
	c. Only the COVID-19 vaccination – Yes/No
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
	vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
l ce	ertify that I have read and understood the information provided in this request, and that I have truthfully
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fro	m my personnel file.
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Em	plo Date / /
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

September 7, 2021

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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En	Date September 8, 2021
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	Human Resource Services Review
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	Accommodation Request (circle one) – Approved / Denied





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	b. All vaccinations – Yes/Noc. Only the COVID-19 vaccination – Yes/No
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	cination requirement.
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	Date
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	Date
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Er	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment. b. All vaccination. c. Only the COVID-19 vaccination -
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
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Human Reso	urce Services Review
Reviewed By:	Date:
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SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCING TO SEP - 8 2021

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	Date
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- 1	

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Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:

2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment – Yes/No b. All vaccinations c. Only the COVID-19 vaccination
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accommodation	ligious belief, practice, or observa	ance that is the basis for your request for a religious
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b. All vaccina		
	OVID-19 vaccinatio	
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		Date
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Accommodation Re	quest (circle one) – Approved /	
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Em	ployee Sign Date
	Human Resource Services Review

Date:

Reviewed By:__

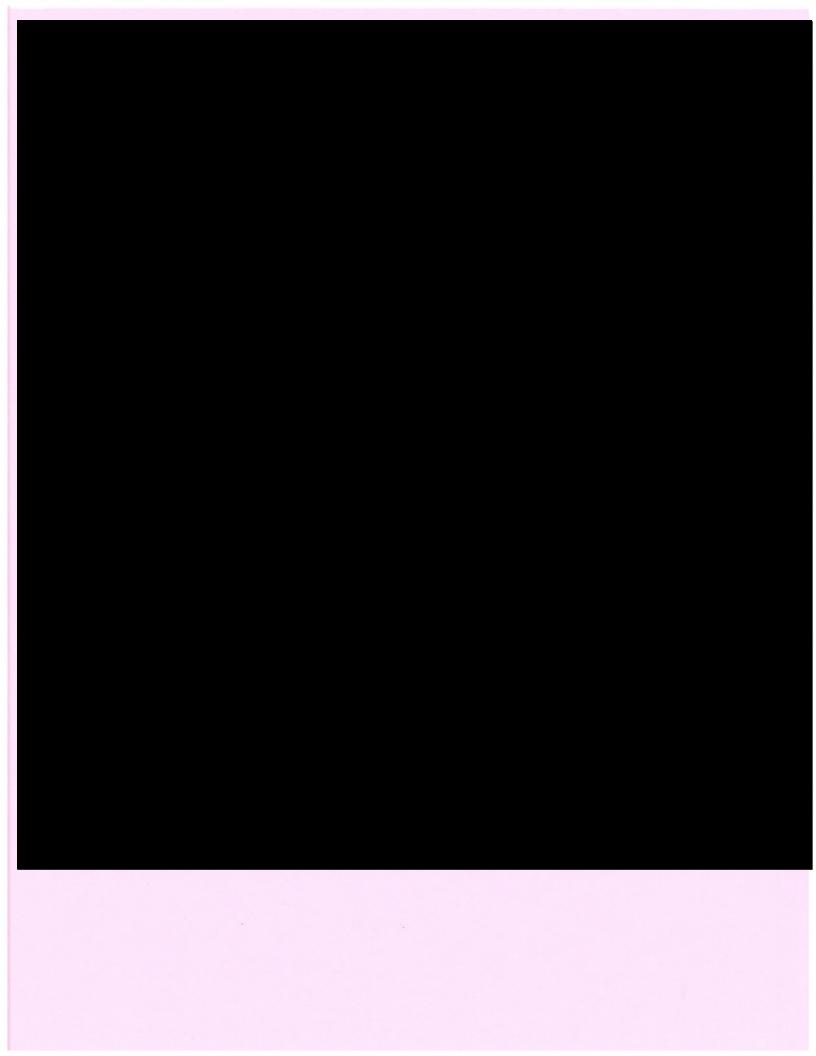
Accommodation Request (circle one) – Approved / Denied



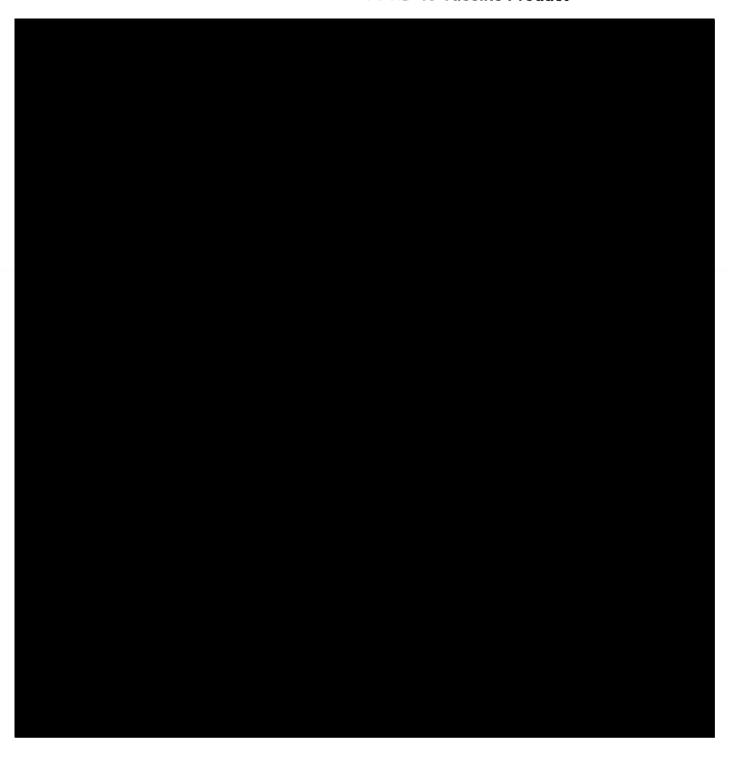
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	Human Resource Services Review
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RECEIVED SEP - 8 2021
Statement of Declination of COVID-19 Vaccine Product



CONSTRUCTIVE NOTICE AND WARNING TO ALL WASHINGTON STATE EMPLOYERS, NOTICE TO PRINCIPAL IS NOTICE TO ALL AGENT(S), AND NOTICE TO AGENT IS NOTICE TO ALL PRINCIPAL(S)

To all Employers, and all Business Owners, and/or to whom it may concern, this legal informational flyer is meant to provide you advance constructive and actual "legal notice" that I am under no legal obligation to wear a mask or be Vaccinated for the Covid-19 Virus or PCR-Tested in your place of business which is a place of "Public Accommodation" under both Federal Laws (28 CFR § 36.202) and Washington State Law as codified at RCW 49.60.030 and RCW 49.60.215. It is undisputed that there is no statute or law in existence that requires me to be vaccinated, tested or masked or that allows any Employer in the State of Washington to grant or deny the continued employment or new employment of any person based upon whether or NOT they have received a Covid-19 Vaccination or PCR Test. I have a "vested" Constitutional Right to my continued employment under the common law pursuant to RCW 4.04.010; RCW 9A.04.060; CrR 1.1; 1 Sutherland Statutory Construction (3d ed.), p 525, § 2043.

Washington State Governor Jay Inslee, and the Chief Medical Officer Dr. Kathy Lofy only have the power granted by statute. Hoppe v. King County, 95 Wn.2d 332, 337, 622 P.2d 845 (1980); 63 Am. Jur. 2d, Public Officers and Employees, section 263 (1972); Neither officer can make laws on their own motion without violating "The Separation of Powers Doctrine." State v. Osloond, 60 Wash. App. 584, at 587, 805 P(2d) 263 (1991); Myers v. United States, 272 U.S. 52, 47 S.Ct. 21, 71 L.Ed. 160 (1926). Only the legislature can make laws. "A flat prohibition against regulation of a matter in one direction does not give Congress power to regulate the matter in another direction." Powe vs United States, 109 F.2d 140 (1940). Neither officer can re-delegate any authority or power to Employers to hire or fire any employee for refusal to be vaccinated or masked in their work place without violating "The Non-Delegation Doctrine." Noe v. Edmonds Sch. Dist. 15, 83 Wn.2d 97, 515 P.2d 977 (1973); Ledgering v. State, 63 Wn.2d 94, 385 P.2d 522 (1963). What the Legislature is forbidden to do directly, certainly [the Governor and Chief Medical Officer] cannot [illegally solicit or recruit Employers] to do indirectly." The City of Seattle v. Filson, 98 Wn.2d 66 (Nov. 1982).

Any Employer who gives False Legal advice is subject to being charged with and prosecuted for "unauthorized practice of law" pursuant to RCW 2.48.180 et seq, or "practicing medicine without a license" in violation of RCW 18.130.190. This notice is also to inform you that "forced vaccinations or forced masking" violates my Constitutional Rights under both Constitutions, State and Federal, the laws of the State, the laws of the United States, and the 1964 Civil Rights Act, which are

enforceable via Title 42, Section 1983.

It is undisputed pursuant to CR 8(d), that the Social Security Act as codified in Federal law at Title 42, Chapter 7, Subchapter XIX, Section 1396 (f), cited hereafter as "42 U.S.C. § 1396f", which provides a "religious exemption" from all unwanted vaccinations and provides that no one is required by law to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose if such person objects (or, in case such person is a child, his parent or guardian objects) thereto on religious grounds.

Washington law at RCW 7.70.050; RCW 7.70.030; RCW 7.70.040, and W. PROSSER, LAW OF TORTS 165 (4th ed. 1971), indicates that the Chief Medical Officer of this State Dr. Kathy Lofy has a duty to disclose that 21 U.S.C. § 360bbb-3, requires that all Doctors and Employers are to provide the appropriate conditions designed to ensure that individuals to whom the Covid-19 Vaccine or PCR Test is administered are informed . . . "of the option to accept or refuse administration of the [medical] product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefit and risks" as clearly stated in subsection (e)(1)(A)(ii)(III) of 21 U.S.C. § 360bbb-3, and as required by the "Doctrine of Informed Consent" whose main purpose is to protect the patient from being given "Unauthorized Treatments or PCR Tests" without the patients knowledgeable permission. If any physician performs any treatments or tests on any patient without fully informing the patient of his or her "option to accept or refuse administration" of any "Emergency Use Authorization" of any PCR Test and/or any Covid-19 Vaccination under 21 U.S.C. § 360bbb-3 (e)(1)(A)(ii)(III), he has committed an assault and battery against that patient for failure to obtain the patients knowledgeable permission. All vaccine-mandating employers could be sued. Holt v. Nelson, 11 Wn.App. 230 (1974); Miller v. Kennedy, 11 Wn.App. 272 (1974); Miller v. Kennedy, 85 Wn.2d 151 (1975); Gates v. Jenson, 92 Wn.2d 246 (1979); ZeBarth v. Swedish Hosp. Med. Center, 81 Wn.2d 12 (1972); Harris v. Groth, 99 Wn.2d 438 (1983); Smith v. Shannon, 100 Wn.2d 26 (1983); Watkins v. Parpala, 2 Wn.App. 484 (1970); Canterbury v. Spence, 464 F.2d 772 (D.C.Cir.), cert. denied, 409 U.S. 1064 (1972).

Lawyer L. Ewing

Washington Civil Rights Council

WCRC@protonmail.com

CONSTRUCTIVE NOTICE SUMMARY

Separation of Powers Doctrine (refers to the division of government responsibilities and functions).

Only the legislature can make laws. WA governor Inslee and Chief Medical Officer Dr Kathy Lofy or not part of legislature. If laws are created (by legislature) they have RCW codes and WAC codes connected to them. Thus:

Mandatory/Emergency/Required/Requested/Ordinance/ Proclamation=NOT A LAW

RCW(Revised Code of Washington). . . . WAC(Washington Administrative Code)

The Non-Delegation Doctrine (refers to the fact: If you don't have the power to do something THEN you don't have the power to delegate it to someone else).

WA governor Inslee and Chief Medical Officer Dr Kathy Lofy, neither of which have the power to issue law CANNOT give the power to the Employers to Mandate, Require, Order a unapproved experimental vaccination as a condition of employment.

RCW 18.130.190 and RCW 2.48.180

- 1. Employer who gives you False Legal Advice is subject to being charged with and prosecuted for "unauthorized practice of law" (RCW 2.48.180)
- 2. Employer who gives you Medical Advice is subject to being charged with and prosecuted for "practicing medicine without a license" (RCW 18.130.190)

Doctrine of Informed Consent

Other section discuses "INFORMED CONSENT" which is the Mountain Size legal term that really secures our freedom to choose what we have done to our body. The two words "Informed" and "Consent" say it all. All doctors must provide informed consent before offering any medical treatment or surgery. Pharmacists even perform a kind of informed consent before they complete the sale of a prescribed drug (often this comes with the package insert).

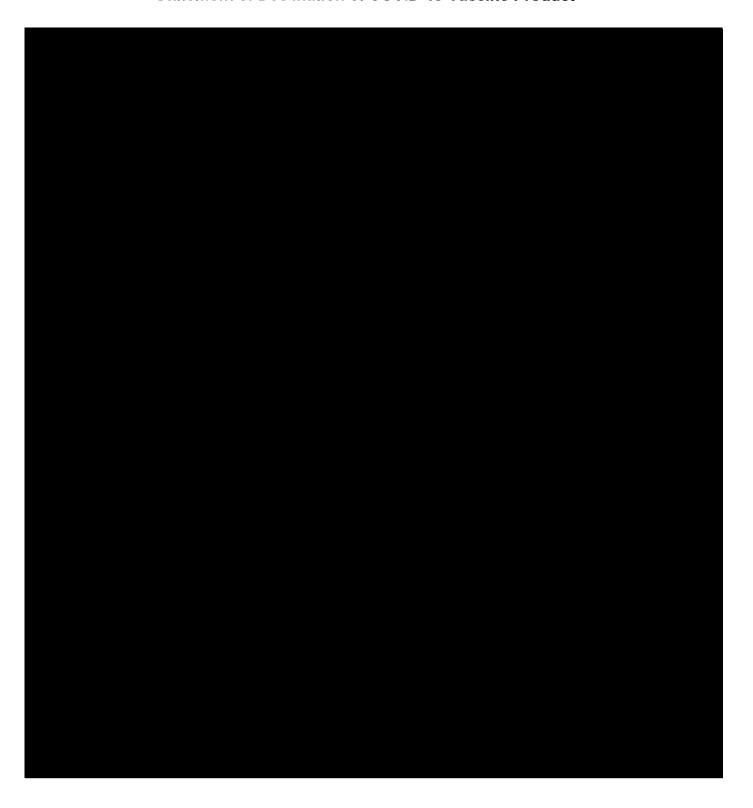
What is required for "Informed Consent"

- 1. **Inform**: Dr must inform the patient of all risks, dangers and benefits of the supposed medical treatment or surgery AND. . . . AND. . . the risks, dangers and benefits of other alternative treatments/surgeries.
- 2. **Consent**: The doctor must get your consent (your acceptance) to move forward with the treatment/surgery. "Informed Consent" cannot be contaminated in the slightest way by coercion (Rewards and/or Punishments (physical/emotional or financial).

Liability for Damages: The WA leadership is leaving the burden of vaccine mandate enforcement to employers. WHAT COMES WITH THIS IS? **LIABILITY**!!! WA leadership is doing this to shrug off responsibility/liability.

- 1. Vaccine Companies have immunity from vaccine damages.
- 2. If employer requires their employees to get vaccinated as a condition for employment A VACCINE INJURY=WORKPLACE INJURY.
- 3. Workplace injury not covered by L&I insurance because its an experimental vaccine, leaving employers open to SERIOUS litigation. This worse case liability MUST be teased out before moving forward with co policy.

Statement of Declination of COVID-19 Vaccine Product



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RCW(Revised Code of Washington). . . . WAC(Washington Administrative Code)

The Non-Delegation Doctrine (refers to the fact: If you don't have the power to do something THEN you don't have the power to delegate it to someone else).

WA governor Inslee and Chief Medical Officer Dr Kathy Lofy, neither of which have the power to issue law CANNOT give the power to the Employers to Mandate, Require, Order a unapproved experimental vaccination as a condition of employment.

RCW 18.130.190 and RCW 2.48.180

- 1. Employer who gives you False Legal Advice is subject to being charged with and prosecuted for "unauthorized practice of law" (RCW 2.48.180)
- 2. Employer who gives you Medical Advice is subject to being charged with and prosecuted for "practicing medicine without a license" (RCW 18.130.190)

Doctrine of Informed Consent

Other section discuses "INFORMED CONSENT" which is the Mountain Size legal term that really secures our freedom to choose what we have done to our body. The two words "Informed" and "Consent" say it all. All doctors must provide informed consent before offering any medical treatment or surgery. Pharmacists even perform a kind of informed consent before they complete the sale of a prescribed drug (often this comes with the package insert).

What is required for "Informed Consent"

- 1. **Inform**: Dr must inform the patient of all risks, dangers and benefits of the supposed medical treatment or surgery AND. . . . AND. . . the risks, dangers and benefits of other alternative treatments/surgeries.
- 2. **Consent**: The doctor must get your consent (your acceptance) to move forward with the treatment/surgery. "Informed Consent" cannot be contaminated in the slightest way by coercion (Rewards and/or Punishments (physical/emotional or financial).

Liability for Damages: The WA leadership is leaving the burden of vaccine mandate enforcement to employers. WHAT COMES WITH THIS IS? **LIABILITY**!!! WA leadership is doing this to shrug off responsibility/liability.

- 1. Vaccine Companies have immunity from vaccine damages.
- 2. If employer requires their employees to get vaccinated as a condition for employment A VACCINE INJURY=WORKPLACE INJURY.
- 3. Workplace injury not covered by L&I insurance because its an experimental vaccine, leaving employers open to SERIOUS litigation. This worse case liability MUST be teased out before moving forward with co policy.

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM — COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and

prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance. **Employee Name:** 1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accon 2. Does your religious belief, practice, or observance lead you to object to: a. All b. All vaccinations c. Only the COVID-19 vaccina 3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement. 4. Briefly describe the accommodation you are requesting. 5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: I certify that I have read and understood the information provided in this request, and that I have truthfully completed it based on my knowledge, information, and belief. I understand that this form will be stored separately Sept 2 2021

Human Resource Services Review

Reviewed By:

Accommodation Request (circle one) - Approved / Denied



CONSTRUCTIVE NOTICE AND WARNING TO ALL WASHINGTON STATE EMPLOYERS, NOTICE TO PRINCIPAL IS NOTICE TO ALL AGENT(S), AND NOTICE TO AGENT IS NOTICE TO ALL PRINCIPAL(S)

*

To all Employers, and all Business Owners, and/or to whom it may concern, this legal informational flyer is meant to provide you advance constructive and actual "legal notice" that I am under no legal obligation to wear a mask or be Vaccinated for the Covid-19 Virus or PCR-Tested in your place of business which is a place of "Public Accommodation" under both Federal Laws (28 CFR § 36.202) and Washington State Law as codified at RCW 49.60.030 and RCW 49.60.215. It is undisputed that there is no statute or law in existence that requires me to be vaccinated, tested or masked or that allows any Employer in the State of Washington to grant or deny the continued employment or new employment of any person based upon whether or NOT they have received a Covid-19 Vaccination or PCR Test. I have a "vested" Constitutional Right to my continued employment under the common law pursuant to RCW 4.04.010; RCW 9A.04.060; CrR 1.1; 1 Sutherland Statutory Construction (3d ed.), p 525, § 2043.

Washington State Governor Jay Inslee, and the Chief Medical Officer Dr. Kathy Lofy only have the power granted by statute. Hoppe v. King County, 95 Wn.2d 332, 337, 622 P.2d 845 (1980); 63 Am. Jur. 2d, Public Officers and Employees, section 263 (1972); Neither officer can make laws on their own motion without violating "The Separation of Powers Doctrine." State v. Osloond, 60 Wash. App. 584, at 587, 805 P(2d) 263 (1991); Myers v. United States, 272 U.S. 52, 47 S.Ct. 21, 71 L.Ed. 160 (1926). Only the legislature can make laws. "A flat prohibition against regulation of a matter in one direction does not give Congress power to regulate the matter in another direction." Powe vs United States, 109 F.2d 140 (1940). Neither officer can re-delegate any authority or power to Employers to hire or fire any employee for refusal to be vaccinated or masked in their work place without violating "The Non-Delegation Doctrine." Noe v. Edmonds Sch. Dist. 15, 83 Wn.2d 97, 515 P.2d 977 (1973); Ledgering v. State, 63 Wn.2d 94, 385 P.2d 522 (1963). What the Legislature is forbidden to do directly, certainly [the Governor and Chief Medical Officer] cannot [illegally solicit or recruit Employers] to do indirectly." The City of Seattle v. Filson, 98 Wn.2d 66 (Nov. 1982).

Any Employer who gives False Legal advice is subject to being charged with and prosecuted for "unauthorized practice of law" pursuant to RCW 2.48.180 et seq, or "practicing medicine without a license" in violation of RCW 18.130.190. This notice is also to inform you that "forced vaccinations or forced masking" violates my Constitutional Rights under both Constitutions, State and Federal, the laws of the State, the laws of the United States, and the 1964 Civil Rights Act, which are

enforceable via Title 42, Section 1983.

It is undisputed pursuant to CR 8(d), that the Social Security Act as codified in Federal law at Title 42, Chapter 7, Subchapter XIX, Section 1396 (f), cited hereafter as "42 U.S.C. § 1396f", which provides a "religious exemption" from all unwanted vaccinations and provides that no one is required by law to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose if such person objects (or, in case such person is a child, his parent or guardian objects) thereto on religious grounds.

Washington law at RCW 7.70.050; RCW 7.70.030; RCW 7.70.040, and W. PROSSER, LAW OF TORTS 165 (4th ed. 1971), indicates that the Chief Medical Officer of this State Dr. Kathy Lofy has a duty to disclose that 21 U.S.C. § 360bbb-3, requires that all Doctors and Employers are to provide the appropriate conditions designed to ensure that individuals to whom the Covid-19 Vaccine or PCR Test is administered are informed . . . "of the option to accept or refuse administration of the [medical] product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefit and risks" as clearly stated in subsection (e)(1)(A)(ii)(III) of 21 U.S.C. § 360bbb-3, and as required by the "Doctrine of Informed **Consent**" whose main purpose is to protect the patient from being given "Unauthorized Treatments or PCR Tests" without the patients knowledgeable permission. If any physician performs any treatments or tests on any patient without fully informing the patient of his or her "option to accept or refuse administration" of any "Emergency Use Authorization" of any PCR Test and/or any Covid-19 Vaccination under 21 U.S.C. § 360bbb-3 (e)(1)(A)(ii)(III), he has committed an assault and battery against that patient for failure to obtain the patients knowledgeable permission. All vaccine-mandating employers could be sued. Holt v. Nelson, 11 Wn.App. 230 (1974); Miller v. Kennedy, 11 Wn.App. 272 (1974); Miller v. Kennedy, 85 Wn.2d 151 (1975); Gates v. Jenson, 92 Wn.2d 246 (1979); ZeBarth v. Swedish Hosp. Med. Center, 81 Wn.2d 12 (1972); Harris v. Groth, 99 Wn.2d 438 (1983); Smith v. Shannon, 100 Wn.2d 26 (1983); Watkins v. Parpala, 2 Wn.App. 484 (1970); Canterbury v. Spence, 464 F.2d 772 (D.C.Cir.), cert. denied, 409 U.S. 1064 (1972).

SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 7 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

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eve	ery circumstance.					
E	mployee Name:					
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	accommodation					
2.	Does your religious belief, practice, or observance lead you to object to:					
	a. All medical treatment -					
	b. All vaccination					
	c. Only the COVID-19 vaccination					
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5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no					
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cor	npleted it based on my knowledge, information, and belief. I understand that this form will be stored separately					
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	Human Resource Services Review					
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Accommodation Request (circle one) – Approved / Denied



SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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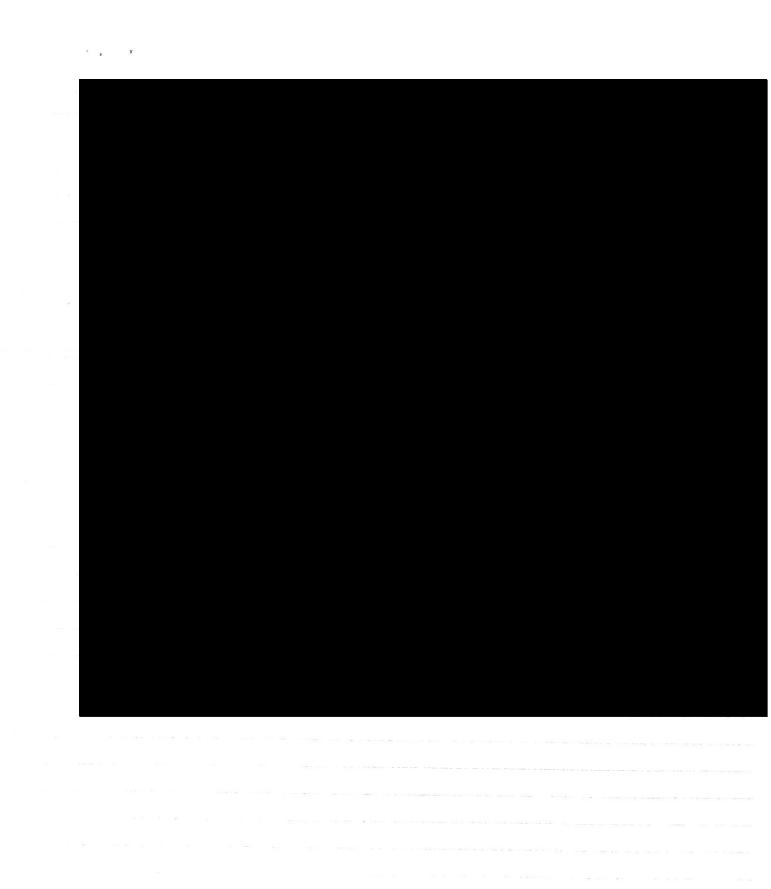
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2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment – Yes/ b. All vaccinations – Yes/No c. Only the COVID-19 vaccinati
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	Reviewed By: Date: Accommodation Request (circle one) – Approved / Denied

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E	mployee Name:	
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious	
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2.	Does your religious belief, practice, or observance lead you to object to:	
	a. All medical treatment -	
	c. Only the COVID-19 vaccination	
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	Human Resource Services Review	
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	Accommodation Request (circle one) – Approved / Denied	
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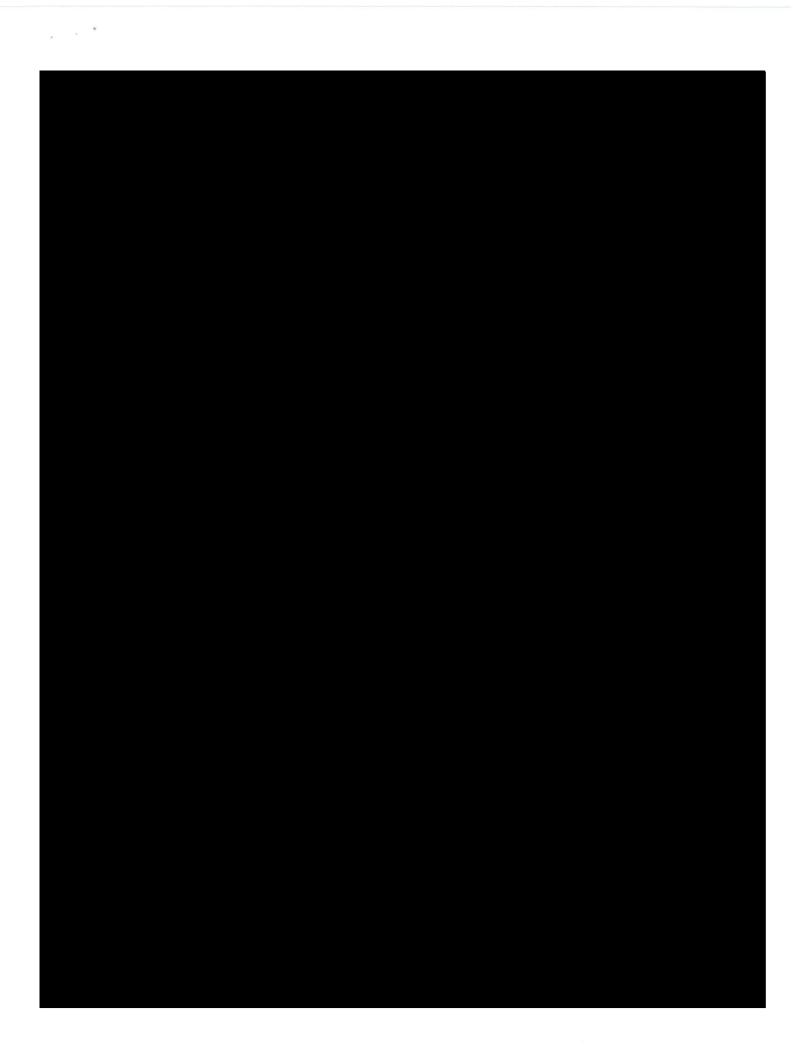
SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

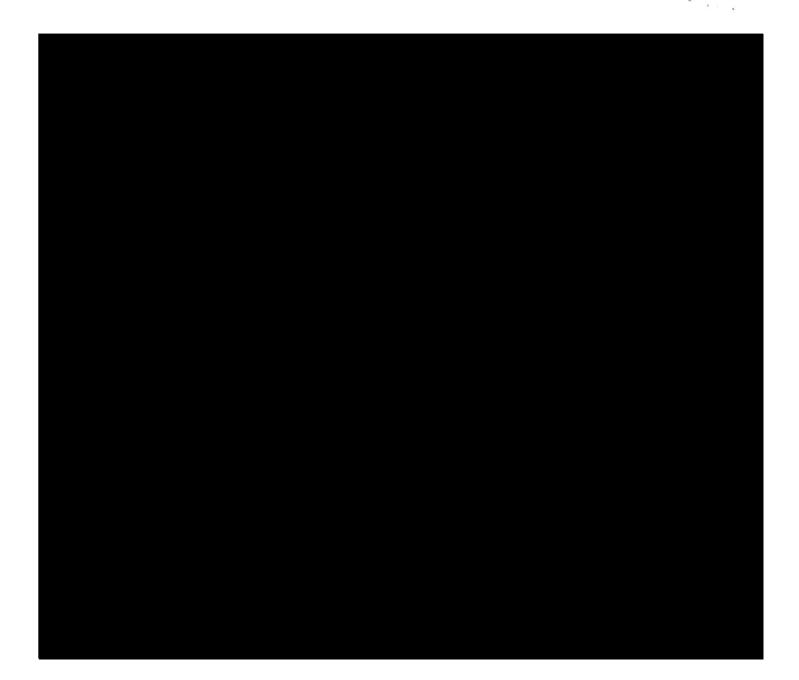
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	Human Resource Services Review
	Reviewed By:
	Accommodation Request (circle one) – Approved / Denied





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	Accommodation Request (circle one) – Approved / Denied



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RECEIVED OCT - 4 2021

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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Employee Name:

<u> </u>	
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
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	10/04/2021
Em	pioyee Signature Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

SNOHOMISH SCHOOL DISTRICRECEIVED 0CT 1 3 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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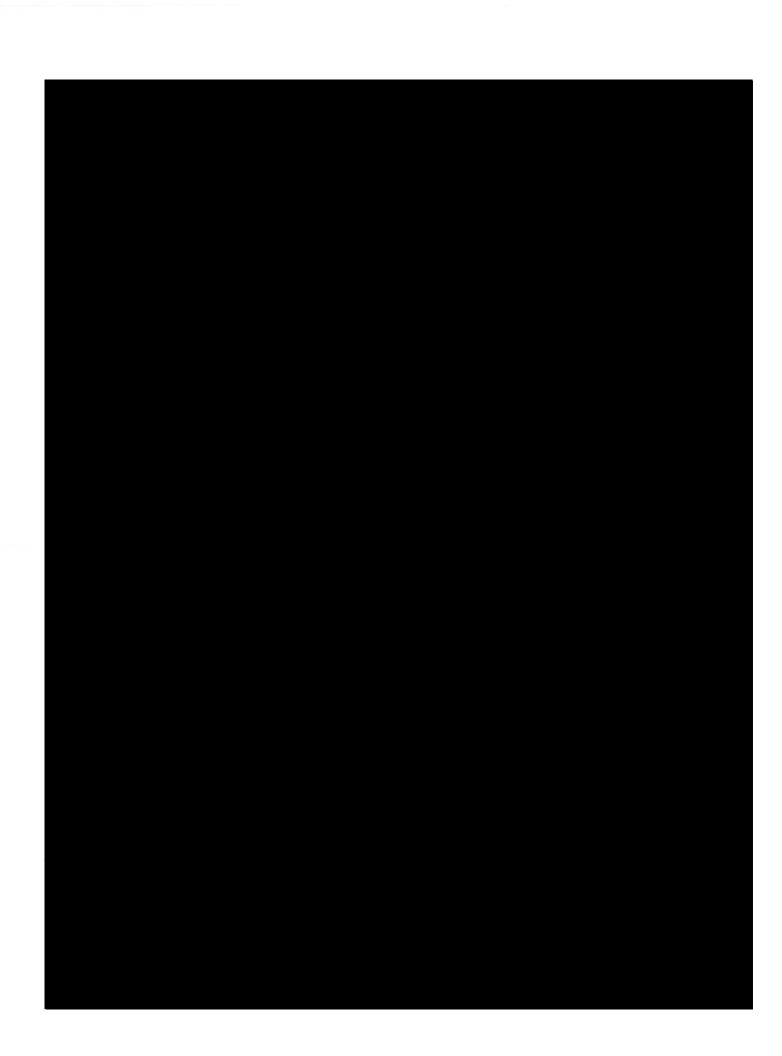
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E	mployee Name:				
1.	Below, describe the accommodation	e religious belief, practice	e, or observance that is	s the basis for your request for a re	eli
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3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
con	ertify that I have read and understood the information provided in this request, and that I have truthfully inpleted it based on my knowledge, information, and belief. I understand that this form will be stored separately may personnel file
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied





RECEIVED OCT - 5 2021

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

E	mployee Name:
L.	, , , , , , , , , , , , , , , , , , , ,
I	accommodation. ,
	Does your religious belief, practice or observance lead you to object to:
	a. All medical treatment
	b. All vaccinations
	c. Only the COVID-19 vaccination
	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
	vacci nation reminerated
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	Briefly describe the accommodation you are requesting.
200	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
	longer needed.
	rtify that I have read and understood the information provided in this request, and that I have truthfully
	npleted it based on my knowledge, information, and belief. I understand that this form will be stored separately
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	10/5/2021
m	ployee Signature Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:

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1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All vaccinations c. Only the COVID-19 vaccination
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied
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SNOHOMISH SCHOOL DISTRICT RECEIVED SEP 2 2 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:

1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All vaccinations c. Only the COVID-15 vaccinations
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
	ertify that I have read and understood the information provided in this request, and that I have truthfully impleted it based on my knowledge, information, and belief. I understand that this form will be stored separately
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	Date
	Human Resource Services Review
	Reviewed By: Date: Accommodation Request (circle one) – Approved / Denied

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Er	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious
	accommodation
2.	Does your religious belief, practice, or observance lead you to object to:
	a. All medical treatmen
	b. All vaccinations
	c. Only the COVID-19 vaccination
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3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
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ror	m my personnel file.
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	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

RECEIVED OCT - 4 2021

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

accommod	
	religious belief, practice, or observance lead you to object to:
	All medical treatment - All vaccination
	Only the COVID-19 vaccination – Yes/No
Briefly exp	plain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
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SNOHOMISH SCHOOL DISTRICT RECEIVED 0CT - 6 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance. **Employee Name:** 1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious boes your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All vaccinations c. Only the COVID-19 vaccination 3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement Briefly describe the accommodation you are requesting. 5. If the request for a is temporary, please identify the anticipated date the accommodation is no longer needed: __ I certify that I have read and understood the information provided in this request, and that I have truthfully e, information, and belief. I understand that this form will be stored separately cor fro 0/6/202

Human Resource Services Review

Accommodation Request (circle one) - Approved / Denied

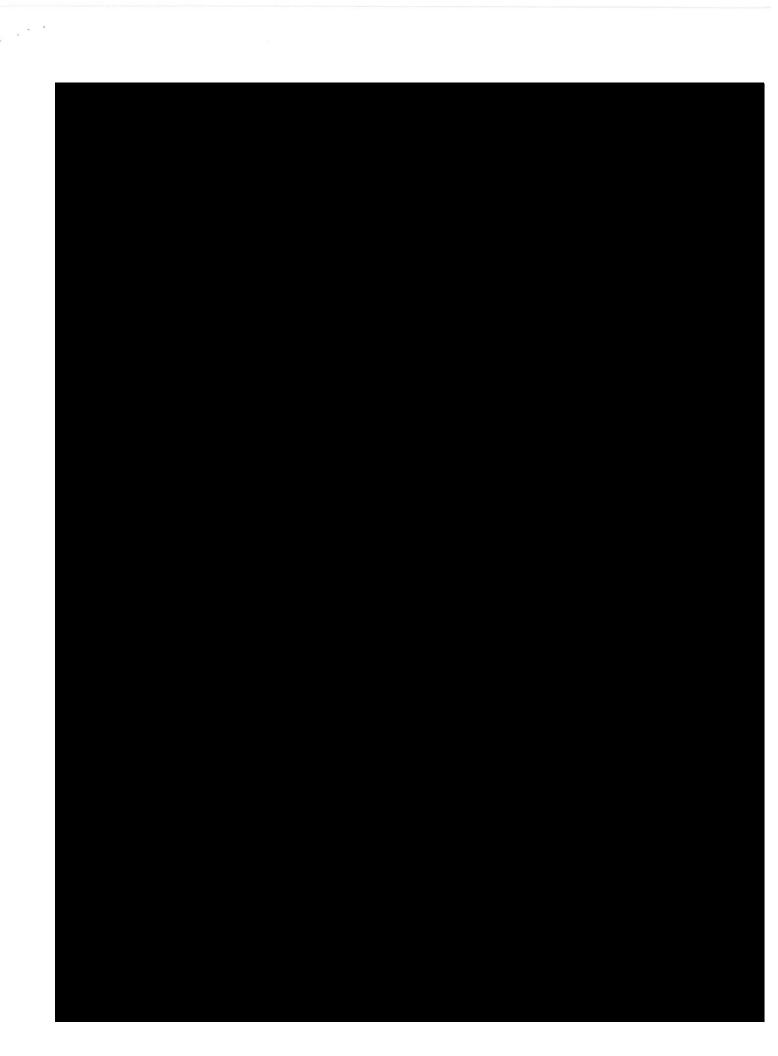
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Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Employee Name:	
Below, describe the religious belief, practice, or observers that it is a commodation.	
accommodation.	
 Does your religious belief, practice, or observance lead you to object to: a. All medical treatment – Yes/No 	
b. All vaccinations – Yes/Noc. Only the COVID-19 vaccination – Yes/No	
3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COV vaccination requirement.	#B-10
I. Briefly describe the accommodation you are requesting.	
. If the request for accommodation is temporary, please identify the anticipated date the accommodat	tion is no
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ompleted it based on my knowledge, information, and belief. I understand that this form will be stored s	eparately
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Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

	Employee Name:
1.	. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or ebservance lead you to object to: a. All medical treatment - b. All vaccinations c. Only the COVID-19 vaccinat
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
l ce con	ertify that I have read and understood the information provided in this request, and that I have truthfully inpleted it based on my knowledge, information, and belief. I understand that this form will be stored separately
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	Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied
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Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

	Below, describe the accommodation.	religious belief, p	oractice, or observa	ance that is th	e basis for your	request for a re	eligious
		belief, practice, or ical treatment – Yo e COVID-19 vaccin	es/No	you to object	to:		
	Briefly explain how vaccination require		d religious belief, p	oractice, or ob	oservance confli	cts with the CO	VID-19
	Briefly describe the	accommodation y	Ou are requesting				
			ou are requesting				
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SNOHOMISH SCHOOL DISTRICT RECEIVED AUG 3 0 2021 RELIGIOUS ACCOMMODATION REQUEST FORM- COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

employee or prospective employee in every circumstance.
Employee Name:
1.Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.Does your religious belief, practice, or observance lead you to object to: a. All medical treatment — b. All vaccinations c. Only the COVID 10 years in the
Briefly explain how your sincerely held religious helief, practice, or observence conflicts, and

3.Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.

	4. Briefly describe the accommodation	VOU are requesting
		, and the requesting.
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	5. If the request for accommodation is to accommodation is no longer needed:	emporary, please identify the anticipated date the
	I certify that I have read and understood have truthfully completed it based on m this form will be stored separately from	the information provided in this request, and that I y knowledge, information, and belief. I understand that my personnel file.
		8/29/2021
	Employee Signature	Date
		Date esource Services Review
		esource Services Review

Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Below, describe the re	gious belief, practice, or observance that is the basis for your request for a religious
accommodation.	
	ef, practice <u> or observance lead v</u> ou to object to:
a. All medica	
b. All vaccina	ions - DVID-19 vaccinati
c. Only the c	VVID-19 Vaccinati
Briefly explain how you	r sincerely held religious belief, practice, or observance conflicts with the COVID-19
vaccination requireme	t.
Briefly describe the acc	ommodation you are requesting.
If the request for account	modation is temporary, please identify the anticipated date the accommodation is no
	modation is temporary, please identify the anticipated date the accommodation is no
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SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 8 2021 RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

E	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious
	accommodation.
2.	Does your religious pelier, practice, or opservance lead you to object to:
	a. All medical treatment
	b. All vaccinations - c. Only the COVID-19 vaccination
	c. Only the COVID-19 vaccination
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
	vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no
	longer needed:
Lce	rtify that I have read and understood the information provided in this request, and that I have truthfully
cor	npleted it based on my knowledge, information, and belief. I understand that this form will be stored separately
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	9/7/21
Em	Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied
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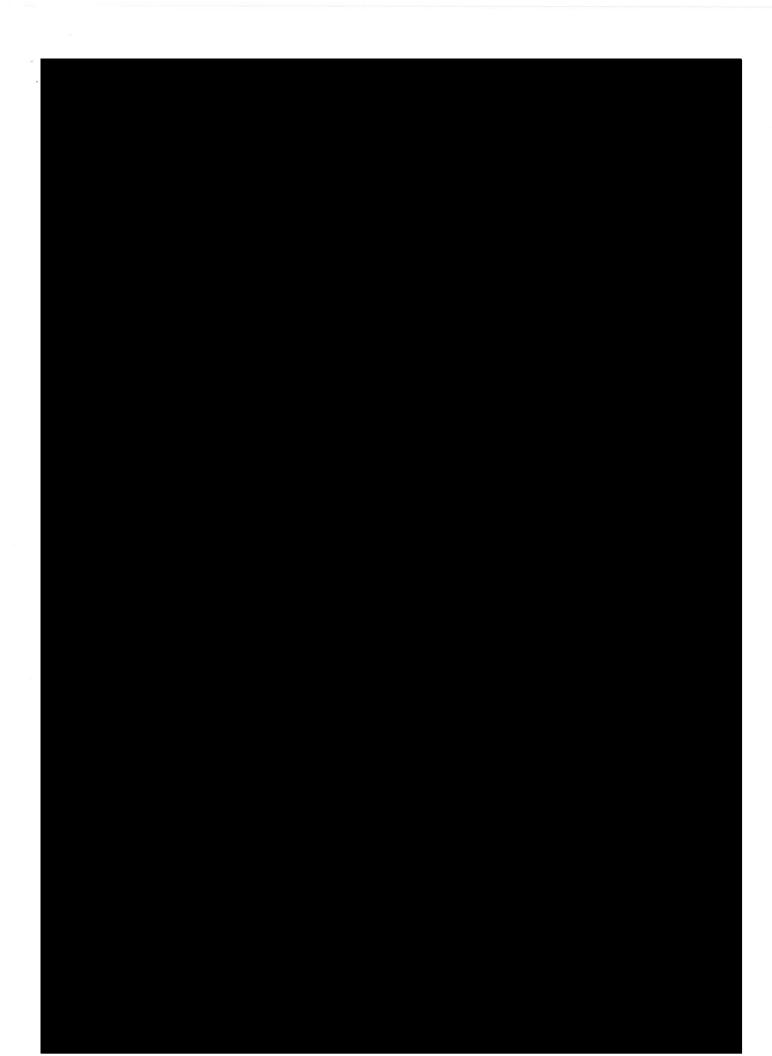
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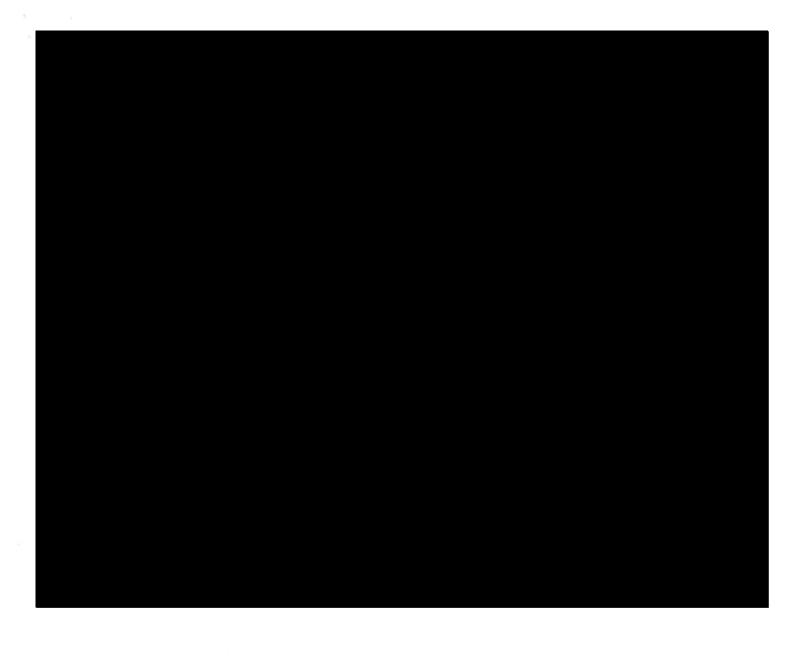
Е	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment – Yes/No b. All vaccinations – Yes/No c. Only the COVID-19 vaccination – Yes/No
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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	Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Employee Name:	
 Below, describe the religious belief, practice, or observance the 	nat is the basis for your request for a religious
accommodation.	iat is the basis for your request for a religious
2. Does your religious belief, practice, or observance lead you to	object to:
a. All medical treatment – Yes/Nob. All vaccinations – Yes/No	
c. Only the COVID-19 vaccination – Yes/No	
3. Briefly explain how your sincerely held religious belief, practic	e, or observance conflicts with the COVID-19
vaccination requirement.	
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Accommodation request (circle one) – Approved / Denie	u l

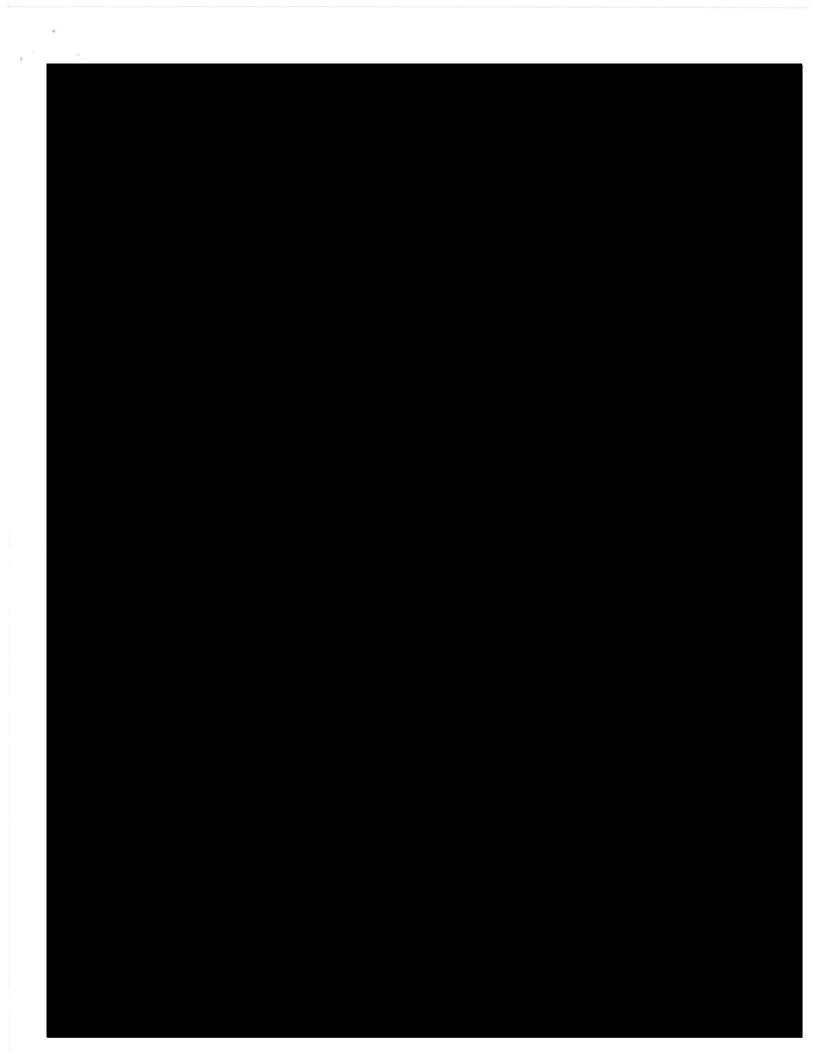
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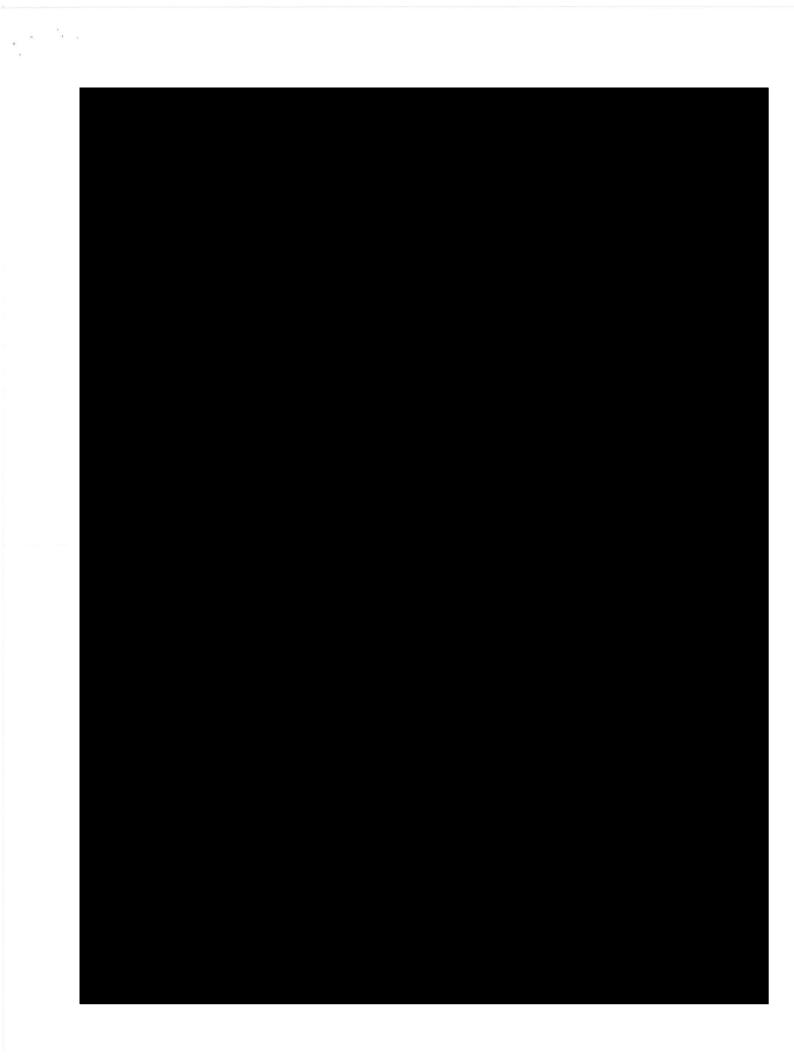
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	iployee realite.
	Below, describe the religious pelier, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to:
	a. All medical treatment – Yes/No
	b. All vaccinations – Yes/No
	c. Only the COVID-19 vaccination – Yes/No
	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
	vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
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	Human Resource Services Review
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	Accommodation Request (circle one) – Approved / Denied
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Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

-	mployee Raine.
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All'vaccinations c. Only the COVID-19 vaccination
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
fro	ertify that I have read and understood the information provided in this request, and that I have truthfully impleted it based on my knowledge, information, and belief. I understand that this form will be stored separately m m The stored separately ploy
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied



Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Below, describe th	e religious belief. practice. or observance that is the basis for vou	r request for a religious
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Briefly explain how vaccination require	your sincerely held religious belief, practice, or observance conflement.	licts with the COVID-19
Briefly describe the	e accommodation you are requesting	
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	Human Resource Services Review	
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SNOHOMISH SCHOOL DISTRICT RECEIVED SEP / 2 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

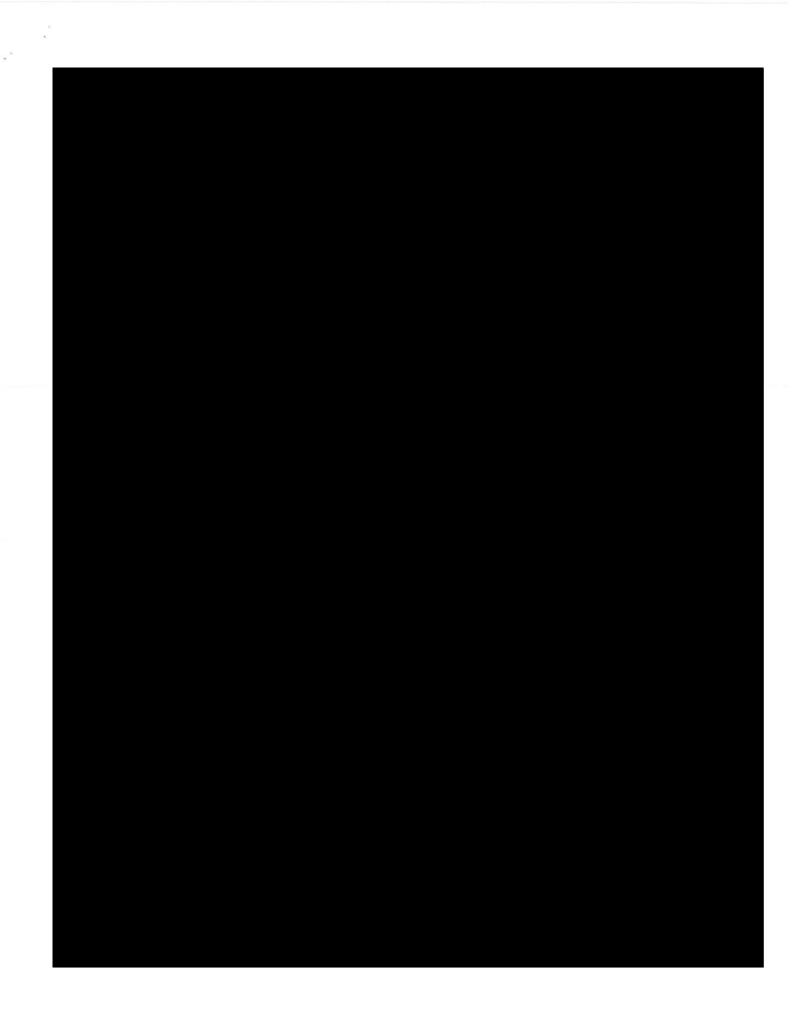
Employee i	Name:							
1. Below, d	escribe t	ne religious be	lief, practice, or	observance th	at is the bas	is for vour rea	uest for a religio	NIS
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		ccination the COVID-19 v	vaccinativ					
·	Offigi	THE COVID-13	/acciriation					
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Vaccinati	on requi	ement.						
l. Briefly de	escribe th	e accommoda	tion you are rec	uesting.	_			
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SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 7 2021 RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Eı	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	if the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
	ertify that I have read and understood the information provided in this request, and that I have truthfully inpleted it based on my knowledge, information, and belief. I understand that this form will be stored separately
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	9/6/2021
Ei	Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied





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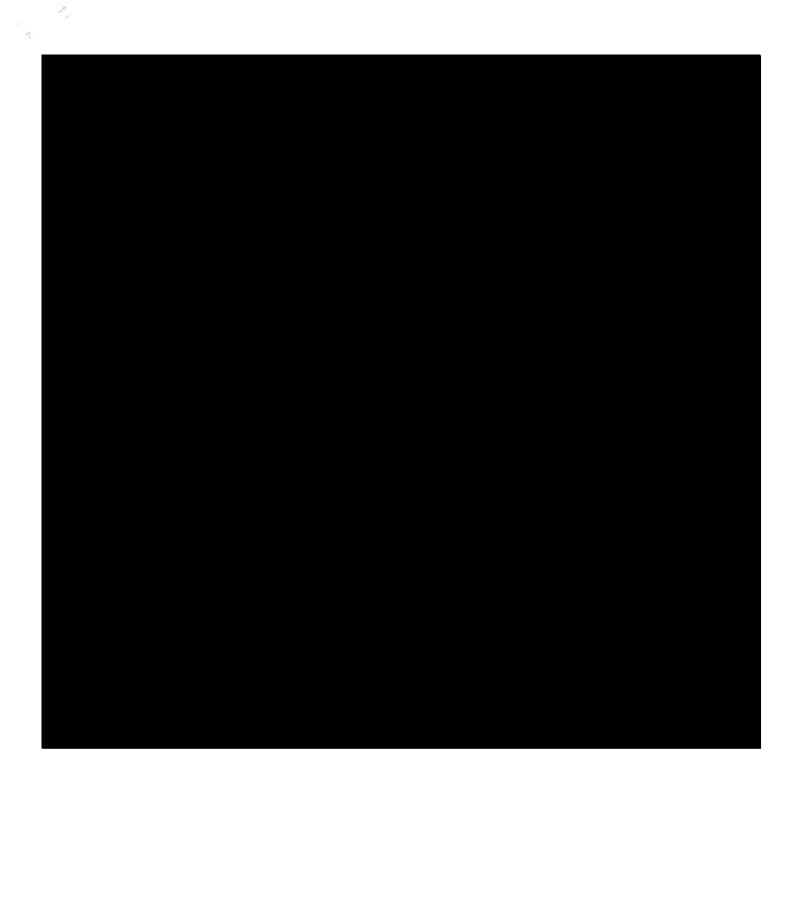
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	mployee Name:
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	9/7/2021
Em	ployee Signature Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

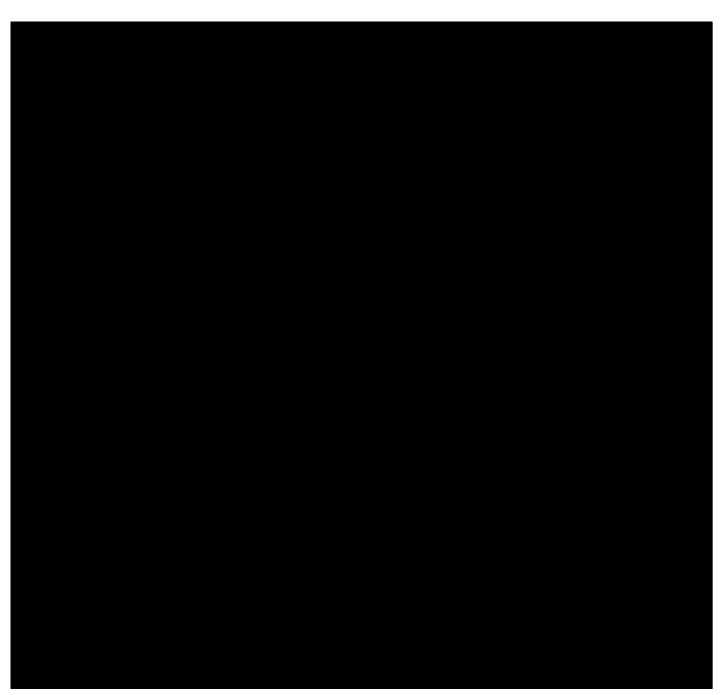


Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

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SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 2 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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implo	9/1/21 Date
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Reviewed By:	Date:
Accommodation Request (circle one) – Approved / Den	ied



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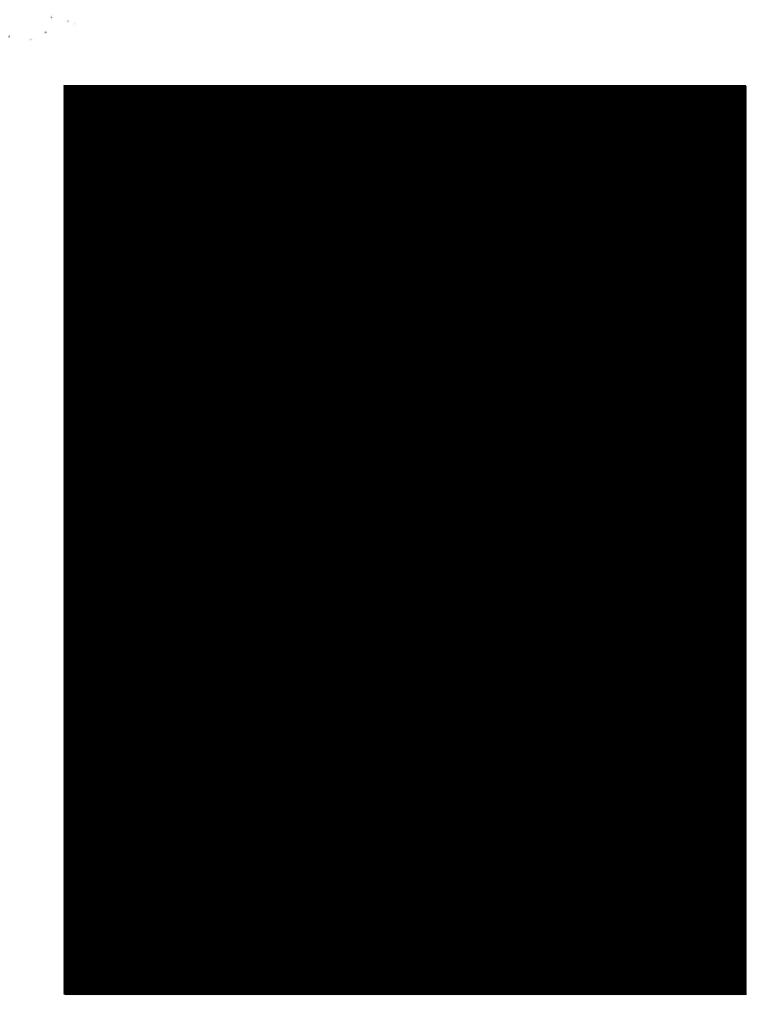
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SNOHOMISH SCHOOL DISTRICT RECE RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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Statement of Declination of COVID-19 Vaccine Product



CONSTRUCTIVE NOTICE AND WARNING TO ALL WASHINGTON STATE EMPLOYERS, NOTICE TO PRINCIPAL IS NOTICE TO ALL AGENT(S), AND NOTICE TO AGENT IS NOTICE TO ALL PRINCIPAL(S)

To all Employers, and all Business Owners, and/or to whom it may concern, this legal informational flyer is meant to provide you advance constructive and actual "legal notice" that I am under no legal obligation to wear a mask or be Vaccinated for the Covid-19 Virus or PCR-Tested in your place of business which is a place of "Public Accommodation" under both Federal Laws (28 CFR § 36.202) and Washington State Law as codified at RCW 49.60.030 and RCW 49.60.215. It is undisputed that there is no statute or law in existence that requires me to be vaccinated, tested or masked or that allows any Employer in the State of Washington to grant or deny the continued employment or new employment of any person based upon whether or NOT they have received a Covid-19 Vaccination or PCR Test. I have a "vested" Constitutional Right to my continued employment under the common law pursuant to RCW 4.04.010; RCW 9A.04.060; CrR 1.1; 1 Sutherland Statutory Construction (3d ed.), p 525, § 2043.

Washington State Governor Jay Inslee, and the Chief Medical Officer Dr. Kathy Lofy only have the power granted by statute. Hoppe v. King County, 95 Wn.2d 332, 337, 622 P.2d 845 (1980); 63 Am. Jur. 2d, Public Officers and Employees, section 263 (1972); Neither officer can make laws on their own motion without violating "The Separation of Powers Doctrine." State v. Osloond, 60 Wash. App. 584, at 587, 805 P(2d) 263 (1991); Myers v. United States, 272 U.S. 52, 47 S.Ct. 21, 71 L.Ed. 160 (1926). Only the legislature can make laws. "A flat prohibition against regulation of a matter in one direction does not give Congress power to regulate the matter in another direction." Powe vs United States, 109 F.2d 140 (1940). Neither officer can re-delegate any authority or power to Employers to hire or fire any employee for refusal to be vaccinated or masked in their work place without violating "The Non-Delegation Doctrine." Noe v. Edmonds Sch. Dist. 15, 83 Wn.2d 97, 515 P.2d 977 (1973); Ledgering v. State, 63 Wn.2d 94, 385 P.2d 522 (1963). What the Legislature is forbidden to do directly, certainly [the Governor and Chief Medical Officer] cannot [illegally solicit or recruit Employers] to do indirectly." The City of Seattle v. Filson, 98 Wn.2d 66 (Nov. 1982).

Any Employer who gives False Legal advice is subject to being charged with and prosecuted for "unauthorized practice of law" pursuant to RCW 2.48.180 et seq, or "practicing medicine without a license" in violation of RCW 18.130.190. This notice is also to inform you that "forced vaccinations or forced masking" violates my Constitutional Rights under both Constitutions, State and Federal, the laws of the State, the laws of the United States, and the 1964 Civil Rights Act, which are

enforceable via Title 42, Section 1983.

It is undisputed pursuant to CR 8(d), that the Social Security Act as codified in Federal law at Title 42, Chapter 7, Subchapter XIX, Section 1396 (f), cited hereafter as "42 U.S.C. § 1396f", which provides a "religious exemption" from all unwanted vaccinations and provides that no one is required by law to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose if such person objects (or, in case such person is a child, his parent or guardian objects) thereto on religious grounds.

Washington law at RCW 7.70.050; RCW 7.70.030; RCW 7.70.040, and W. PROSSER, LAW OF TORTS 165 (4th ed. 1971), indicates that the Chief Medical Officer of this State Dr. Kathy Lofy has a duty to disclose that 21 U.S.C. § 360bbb-3, requires that all Doctors and Employers are to provide the appropriate conditions designed to ensure that individuals to whom the Covid-19 Vaccine or PCR Test is administered are informed . . . "of the option to accept or refuse administration of the [medical] product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefit and risks" as clearly stated in subsection (e)(1)(A)(ii)(III) of 21 U.S.C. § 360bbb-3, and as required by the "Doctrine of Informed Consent" whose main purpose is to protect the patient from being given "Unauthorized Treatments or PCR Tests" without the patients knowledgeable permission. If any physician performs any treatments or tests on any patient without fully informing the patient of his or her "option to accept or refuse administration" of any "Emergency Use Authorization" of any PCR Test and/or any Covid-19 Vaccination under 21 U.S.C. § 360bbb-3 (e)(1)(A)(ii)(III), he has committed an assault and battery against that patient for failure to obtain the patients knowledgeable permission. All vaccine-mandating employers could be sued. Holt v. Nelson, 11 Wn.App. 230 (1974); Miller v. Kennedy, 11 Wn.App. 272 (1974); Miller v. Kennedy, 85 Wn.2d 151 (1975); Gates v. Jenson, 92 Wn.2d 246 (1979); ZeBarth v. Swedish Hosp. Med. Center, 81 Wn.2d 12 (1972); Harris v. Groth, 99 Wn.2d 438 (1983); Smith v. Shannon, 100 Wn.2d 26 (1983); Watkins v. Parpala, 2 Wn.App. 484 (1970); Canterbury v. Spence, 464 F.2d 772 (D.C.Cir.), cert. denied, 409 U.S. 1064 (1972).

Lawyer L. Ewing

Washington Civil Rights Council

WCRC@protonmail.com

CONSTRUCTIVE NOTICE SUMMARY

Separation of Powers Doctrine (refers to the division of government responsibilities and functions).

Only the legislature can make laws. WA governor Inslee and Chief Medical Officer Dr Kathy Lofy or not part of legislature. If laws are created (by legislature) they have RCW codes and WAC codes connected to them. Thus:

Mandatory/Emergency/Required/Requested/Ordinance/ Proclamation=NOT A LAW

RCW(Revised Code of Washington).... WAC(Washington Administrative Code)

The Non-Delegation Doctrine (refers to the fact: If you don't have the power to do something THEN you don't have the power to delegate it to someone else).

WA governor Inslee and Chief Medical Officer Dr Kathy Lofy, neither of which have the power to issue law CANNOT give the power to the Employers to Mandate, Require, Order a unapproved experimental vaccination as a condition of employment.

RCW 18.130.190 and RCW 2.48.180

- 1. Employer who gives you False Legal Advice is subject to being charged with and prosecuted for "unauthorized practice of law" (RCW 2.48.180)
- 2. Employer who gives you Medical Advice is subject to being charged with and prosecuted for "practicing medicine without a license" (RCW 18.130.190)

Doctrine of Informed Consent

Other section discuses "INFORMED CONSENT" which is the Mountain Size legal term that really secures our freedom to choose what we have done to our body. The two words "Informed" and "Consent" say it all. All doctors must provide informed consent before offering any medical treatment or surgery. Pharmacists even perform a kind of informed consent before they complete the sale of a prescribed drug (often this comes with the package insert).

What is required for "Informed Consent"

- 1. **Inform**: Dr must inform the patient of all risks, dangers and benefits of the supposed medical treatment or surgery AND.... AND... the risks, dangers and benefits of other alternative treatments/surgeries.
- 2. **Consent**: The doctor must get your consent (your acceptance) to move forward with the treatment/surgery. "Informed Consent" cannot be contaminated in the slightest way by coercion (Rewards and/or Punishments (physical/emotional or financial).

Liability for Damages: The WA leadership is leaving the burden of vaccine mandate enforcement to employers. WHAT COMES WITH THIS IS? **LIABILITY**!!! WA leadership is doing this to shrug off responsibility/liability.

- 1. Vaccine Companies have immunity from vaccine damages.
- 2. If employer requires their employees to get vaccinated as a condition for employment A VACCINE INJURY=WORKPLACE INJURY.
- 3. Workplace injury not covered by L&I insurance because its an experimental vaccine, leaving employers open to SERIOUS litigation. This worse case liability MUST be teased out before moving forward with co policy.





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SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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Human Resource Services Review Reviewed By:	impieted	it based on	my knowledge,	information,	and belief. I unde	erstand that this	form will be sto	ored separately
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	Rev	viewed By:				Date	<u>.</u>	
					•			

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

E	Employee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment — Yes/No b. All vaccinations — Yes/No c. Only the COVID-19 vaccination — res/No
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
	vaccination requirement
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
CO	sertify that I have read and understood the information provided in this request, and that I have truthfully impleted it based on my knowledge, information, and belief. I understand that this form will be stored separately om my personnel file.
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:

Ь	
	delow, describe the religious belief, practice, or observance that is the basis for your request for a religious ecommodation.
2. D	c. Only the COVID-19 vaccination – Yes/No
3. B	riefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 accination requirement.
1. Bi	riefly describe the accommodation you are requesting.
5. If lo	the request for accommodation is temporary, please identify the anticipated date the accommodation is no nger needed:
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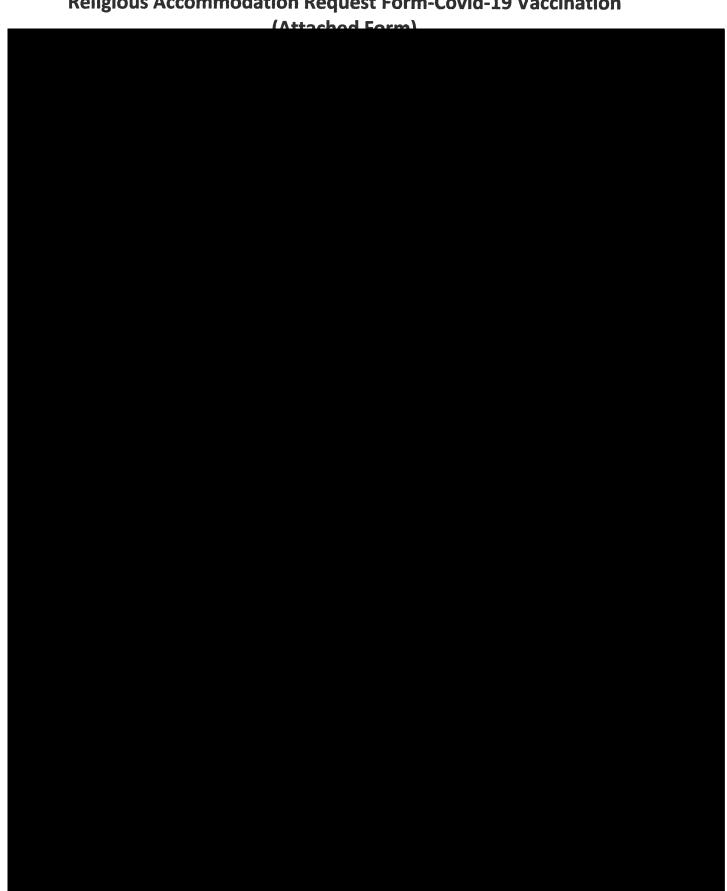
Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

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Employee Name:

1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment – Yes/No b. All vaccinations – Yes/No C. Only the COVID-19 vaccination – Yes/No
3.	vaccination requirement
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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	npleted it based on my knowledge, information, and belief. I understand that this form will be stored separately m my personnel file.
 En	
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

Snohomish School District Religious Accommodation Request Form-Covid-19 Vaccination





Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Emp	loyee Name:
	elow, describe the religious belief, practice, or observance that is the basis for your request for a religious
a	ccommodation
2. D	oes your religious belief, practice, or <u>observance lead y</u> ou to object to:
	 a. All medical treatment b. All vaccinations c. Only the COVID-19 vaccina
	riefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
Va	accination requirement.
БІ	reny describe the accommodation you are requesting
. II	the request for accommodation is temporary, please identify the anticipated date the accommodation is no negree needed:
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	9.10.21
mp	, Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 8 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

vaccination requirement. 4. Briefly describe the accommodation you are requesting. 5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: certify that I have read and understood the information provided in this request, and that I have truthfully completed it based on my knowledge, information, and belief. I understand that this form will be stored separate
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from my personnel file
Employee Signature Date
Human Resource Services Review
Reviewed By: Date:
Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP - 8 2021

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

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•			ef, practice, or ob treatment – Yes/		ou to object t	D:		
			ions – Yes/No					
	c. C	nly the C	VID-19 vaccination	on – Yes/No				
	Briefly explain	how you	r sincerely held re	eligious belief, p	ractice, or obs	ervance conf	licts with the	COVID-19
	vaccination re	quireme	t		·			_
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SNOHOMISH SCHOOL DISTRICT RECEIVED AUG 2 6 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Does your religious belief, practice, or observance lead you to object to: a. All medical treatment. b. All vaccination. c. Only the COVID-19 vaccinatid Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement. Briefly describe the accommunation valuare renties up- longer needed: critify that I have read and understood the information provided in this request, and that I have truthfully inpleted it based on my knowledge, information, and belief. I understand that this form will be stored separately m my personnel file.	mployee Name:	
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C. Only the COVID-19 vaccinatio Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement. Briefly describe the accommunation you are repressing longer needed: Only the COVID-19 vaccination requirement.		P
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longer needed:	vaccination requirement.	
longer needed:		
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npleted it based on my knowledge, information, and belief. I understand that this form will be stored separately m my personnel file. B-26 2 Date Date Reviewed By: Date:	*	•
Man my personnel file. B-26-21 Date Date Reviewed By: Date:	ertify that I have read and understood the infor	mation provided in this request, and that I have truthfully
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RECEIVED SEP - 8 2021

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

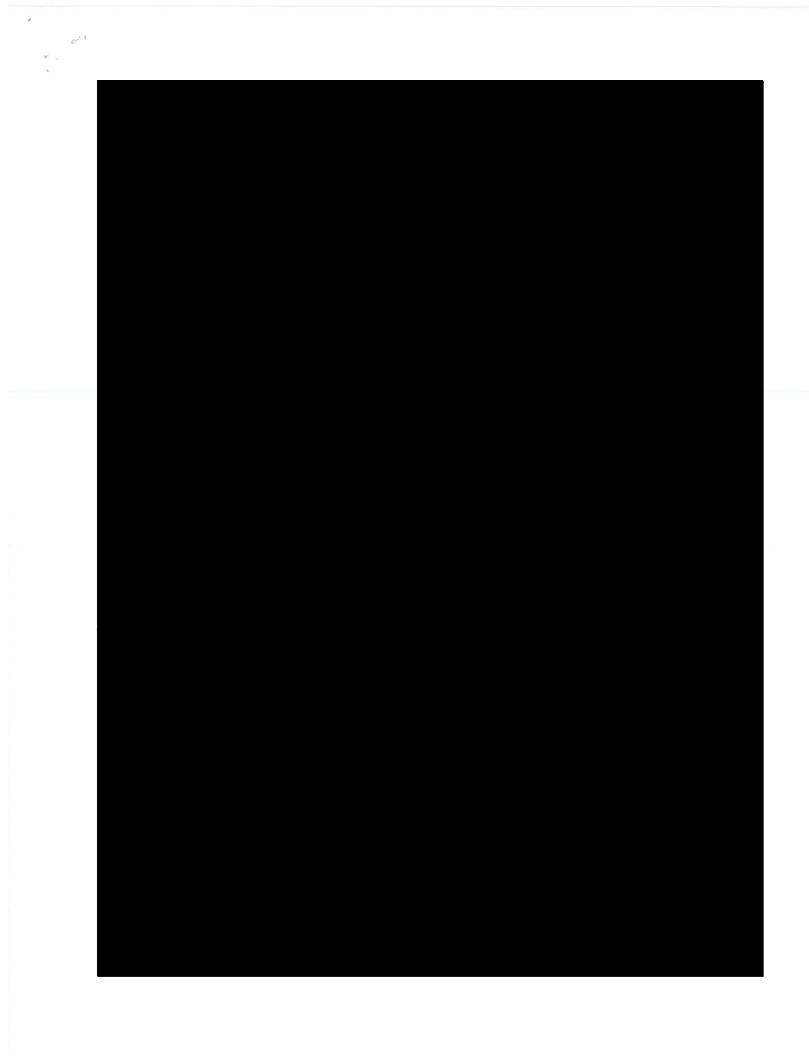
Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

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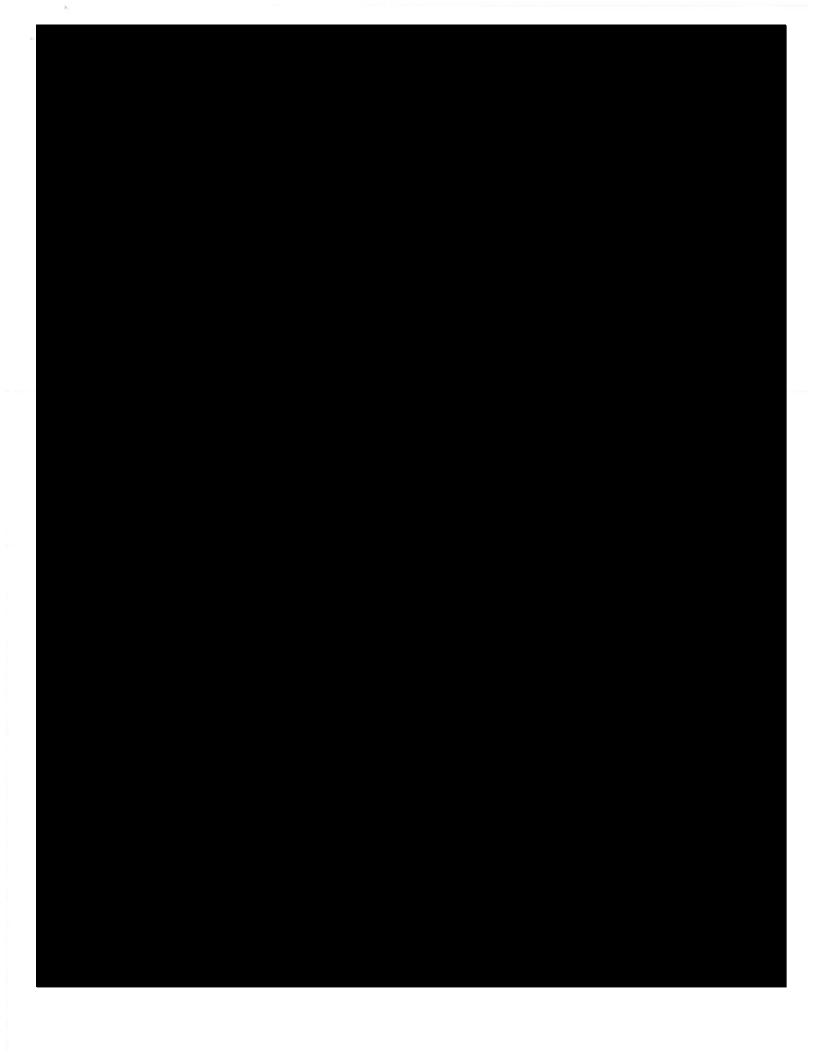
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Employee Name:

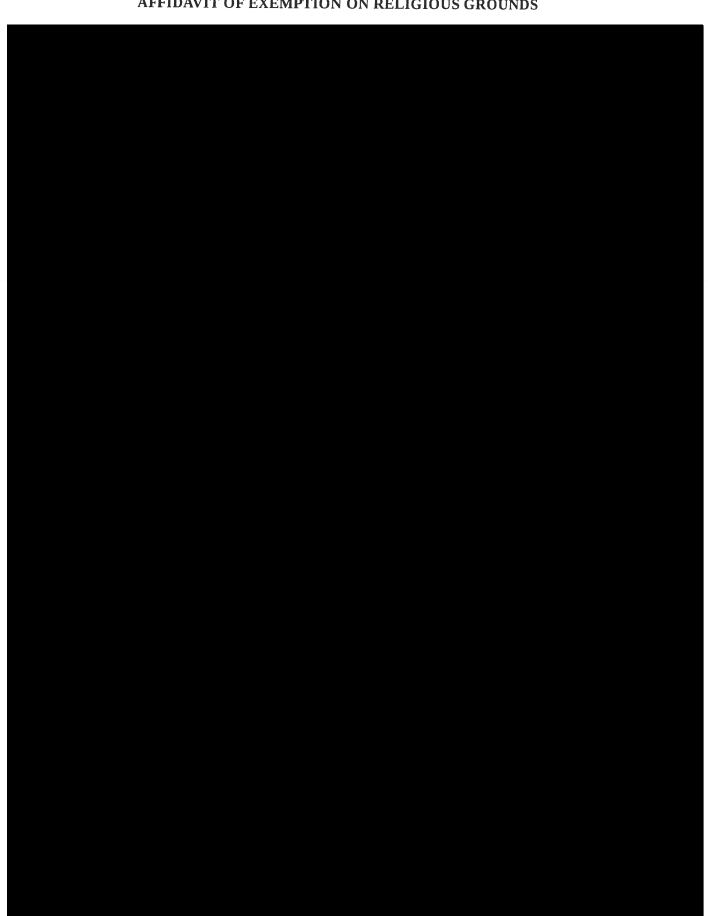
	describe the religious belief, practice, or observance that is the basis for your request for a religious modation.
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	explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
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	equest for accommodation is temporary, please identify the anticipated date the accommodation is no needed:
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	$\frac{9-3-21}{\text{Date}}$
	Human Resource Services Review
Rev	riewed By: Date:
1	commodation Request (circle one) – Approved / Denied







AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS



Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

acco	w, describe the religious belief, practice, or observance that is the basis for your request for a religious mmodation.
Doe	s your religious belief, practice, or observance lead you to object to a. All medical treatment -
	b. All vaccinations
	c. Only the COVID-19 vaccinat
	ly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
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	er needed:
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RECEIVED SEP - 7 2021

SNOHOMISH SCHOOL DISTRICT SELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8. 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:

1	Below. describe the religious belief, practice, or observance that is the basis for your request for a religious
	accommodation
2.	Does your religious belief, practice, or observance lead you to object to:
	a. All medical treatment
	b. All vaccinations
	c. Only the COVID-19 vaccina
3 .	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
	vaccination requirement.
4	Briefly describe the accommodation you are requesting.
_	
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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ce	rtify that I have read and understood the information provided in this request, and that I have truthfully
	npleted it based on my knowledge, information, and belief. I understand that this form will be stored separately
ro	m my personnel file.
	Sept. 1,2021
	Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied
	7

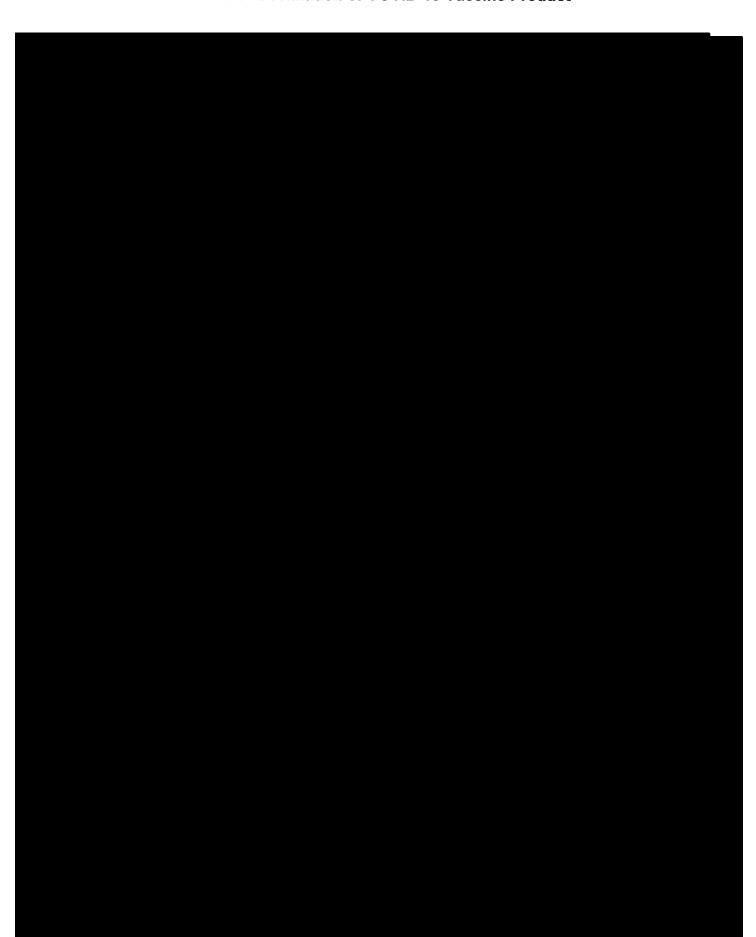
SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 7 2021 RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

E	mployee Name:				
1.	Below, describe the accommodation.	ne religious belief, practice	, or observance tl	hat is the basis for your request	for a religious
2.	a. All me b. All vac	edical treatment - eccinations - the COVID-19 vaccinatio	vance lead you to	object to.	
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		Humar	n Resource Servic	es Review	
	Reviewed By:_			Date:	
	Accommodation	on Request (circle one) – A	oproved / Denie	ed	

Statement of Declination of COVID-19 Vaccine Product

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Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Em	ployee Name:	
	selow, describe the religious belief, practice, or observance that is the basis for your request for a religious	
ā	ccommodation	
2		
2. L	oes your religious belief, practice, or observance lead you to object to: a. All medical treatment -	
	b. All vaccinations c. Only the COVID-19 vaccination	
	riefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 accination requirement.	
4. E	riefly describe the accommodation you are requesting	
	the request for accommodation is temporary, please identify the anticipated date the accommodation is no	
le	onger needed:	
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	9/7/2021	_
	Date •	
	Human Resource Services Review	
	Reviewed By: Date:	
	Accommodation Request (circle one) – Approved / Denied	

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

E	mployee Name				
1.	Below, describe the raccommodation.	eligious belie	f, practice, or observar	ce that is the basis for your re	equest for a religious
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3.	Briefly explain how you vaccination requirem	-	neld religious belief, pr	actice, or observance conflicts	with the COVID-19
4.	Briefly describe the a	ccommodatio	n you are requesting.		
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Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

inployee Name.
Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
Does your religious belief, practice, or observance lead you to object to: a. All medical treatment – Yes/No b. All vaccinations – Yes/No c. Only the COVID-19 vaccination – Yes/No
Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
Briefly describe the accommodation you are requesting.
If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
9-7-2021 Date
Human Resource Services Review
Reviewed By: Date: Accommodation Request (circle one) – Approved / Denied

SNOHOMISH SCHOOL DISTRICT RECEIVED OCT - 2 2021 RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

En	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All vaccinations c. Only the COVID-19 vaccination
	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement. Briefly describe the accommodation you are requesting.
	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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	9/8/21
Emp	Date Date
	Human Resource Services Review
	Reviewed By: Date: Accommodation Request (circle one) – Appro

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Employee Name:	
Below, describe t	he religious belief, practice, or observance that is the basis for your request for a religious
Does your rengion	as belief, practice, or observance lead you to object to:
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	ccinations – Yes/No
Only	the COVID-19 vaccination – Yes/No
3. Briefly explain ho	w your sincerely held religious belief, practice, or observance conflicts with the COVID-19
vaccination requi	rement.
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	Date/ /
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	Human Resource Services Review
Reviewed By:	Date:
Accommodati	ion Request (circle one) – Approved / Denied



SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 8 2021 RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

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Below, describ	e the religious belief.	practice, or obser	vance that is the	e basis for your red	uest for a religious
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	how your sincerely he	eld religious heliet	nractice or ob	servance conflicts	with the COVID-19
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SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 7 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

	Employee Name:
1	. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All vaccinations c. Only the COVID-19 vaccina
3	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4	Briefly describe the accommodation you are requesting.
5	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
С	certify that I have read and understood the information provided in this request, and that I have truthfully ompleted it based on my knowledge, information, and belief. I understand that this form will be stored separately rom my personnel file.
	September 6, 2021
E	Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Em	ployee Name:
	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2. [Does your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All vaccinations c. Only the CQVID-19 vaccination
	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
Л [Priefly describe the accommodation you are requesting.
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om	cify that I have read and understood the information provided in this request, and that I have truthfully pleted it based on my knowledge, information, and belief. I understand that this form will be stored separately my personnel file.
	8/29/21 Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

E	mployee Name:
1.	
	accommodation.
2.	Does your religious peller, practice, or observance lead you to object
	a. All medical treat <u>ment</u>
	b. All vaccinations control of the COVID-19 vaccination
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19
Ī	vaccination requirement
4.	Briefly describe the accommodation you are requesting
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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E	Date
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Below, desci accommoda	ribe the religious belief, practice, or observance that is the basis for your request for a religious
•	eligious belief, practice, or observance lead you to object to:
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	Human Resource Services Review
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	d By: Date: odation Request (circle one) – Approved / Denied

RECEIVED OCT 1 5 2021 SNOHOMIS RELIGIOUS ACCOMMODATION F

Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

E	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment – Yes/No
	b. All vaccinations – Yes/Noc. Only the COVID-19 vaccination – Yes/No
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied

SNOHOMISH SCHOOL DISTRICT RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. If you prefer not to complete this form, please contact Human Resources to schedule a meeting to make your accommodation request and engage in interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

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	b. All vaccinations -c. Only the COVID-19 vaccina	
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SNOHOMISH SCHOOL DISTRICT RECEIVED 0CT 1 4 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resource Services by September 8, 2021. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Snohomish School District will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

E	mployee Name:
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment — Yes/No b. All vaccinations — Yes/No c. Only the COVID-19 vaccination — Yes/No
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
cor	ertify that I have read and understood the information provided in this request, and that I have truthfully impleted it based on my knowledge, information, and belief. I understand that this form will be stored separately m my personnel file. $ \frac{10/12/2}{\text{Date}} $
	Human Resource Services Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied



Health Certificate of Exemption—Personal/Religious



SNOHOMISH AQUATIC CENTER RECEIVED SEP 1 7 2021 RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Chris Bensen by **September 22, 2021**. The Aquatic Center will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Snohomish Aquatic Center will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish Aquatic Center is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

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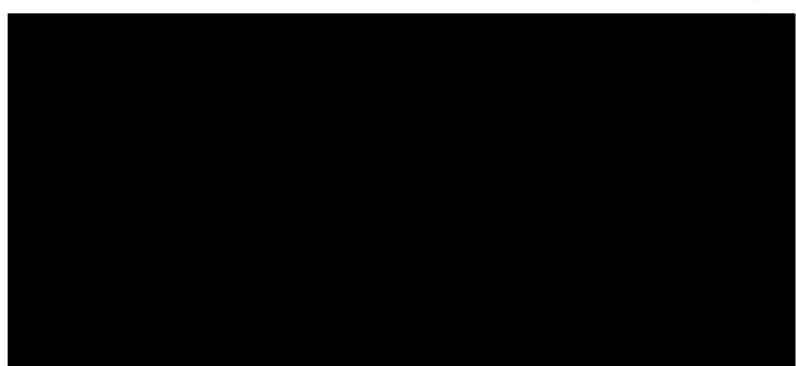
SNOHOMISH AQUATIC CENTER RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION SEP 2 4 2021

Please complete and return to Chris Bensen by **September 22, 2021**. The Aquatic Center will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Snohomish Aquatic Center will reasonably accommodate the religious practices of its employees and

Does your religious belief, practice, or observance lead you to obtain a. All medical treatment b. All vaccinations – c. Only the COVID-19 vaccinat	
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If the request for accommodation is temporary, please identify the longer needed:	ne anticipated date the accommodation is no
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Snohomish Aquatic Center F	Review
Reviewed By:	Date:





SNOHOMISH AQUATIC CENTER RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VREGIEAVIED SEP 1 5 2021

Please complete and return to Chris Bensen by **September 22, 2021**. The Aquatic Center will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Snohomish Aquatic Center will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish Aquatic Center is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

nployee Name:	
Below, describe th	e religious belief, practice, or observance that is the basis for your request for a religious
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SNOHOMISH AQUATIC CENTER RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION SEP 3 0 2021

Please complete and return to Chris Bensen by **September 22, 2021**. The Aquatic Center will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

Snohomish Aquatic Center will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish Aquatic Center is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Below, describe the rel	ligious belief, practice, or observance that is the basis for your request for a religious
accommodation.	
a. All medical	treatment
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Briefly explain how you	r sincerely held religious belief, practice, or observance conflicts with the COVID-19
vaccination requiremen	tt
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RECEIVED SEP 2 0 2021

SNOHOMISH AQUATIC CENTER

RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

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Snohomish Aquatic Center will reasonably accommodate the religious practices of its employees and prospective employees in compliance with federal and state law. However, Snohomish Aquatic Center is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:

_	mployee wante.
1.	Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.
2.	Does your religious belief, practice, or observance lead you to object to: a. All medical treatment b. All vaccinations c. Only the COVID-19 vaccination
3.	Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.
4.	Briefly describe the accommodation you are requesting.
5.	If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:
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	9-19-21
Ēm	Date
	Snohomish Aquatic Center Review
	Reviewed By: Date:
	Accommodation Request (circle one) – Approved / Denied