

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

RECEIVED SEP - 8 2021

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 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:

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 from my personnel file.

Er _____

9-7-21

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

SNOHOMISH SCHOOL DISTRICT
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| | |
|-----------------------|--|
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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/No
- b. All vaccinations – Yes/No
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Employee _____

Date 9/8/2021

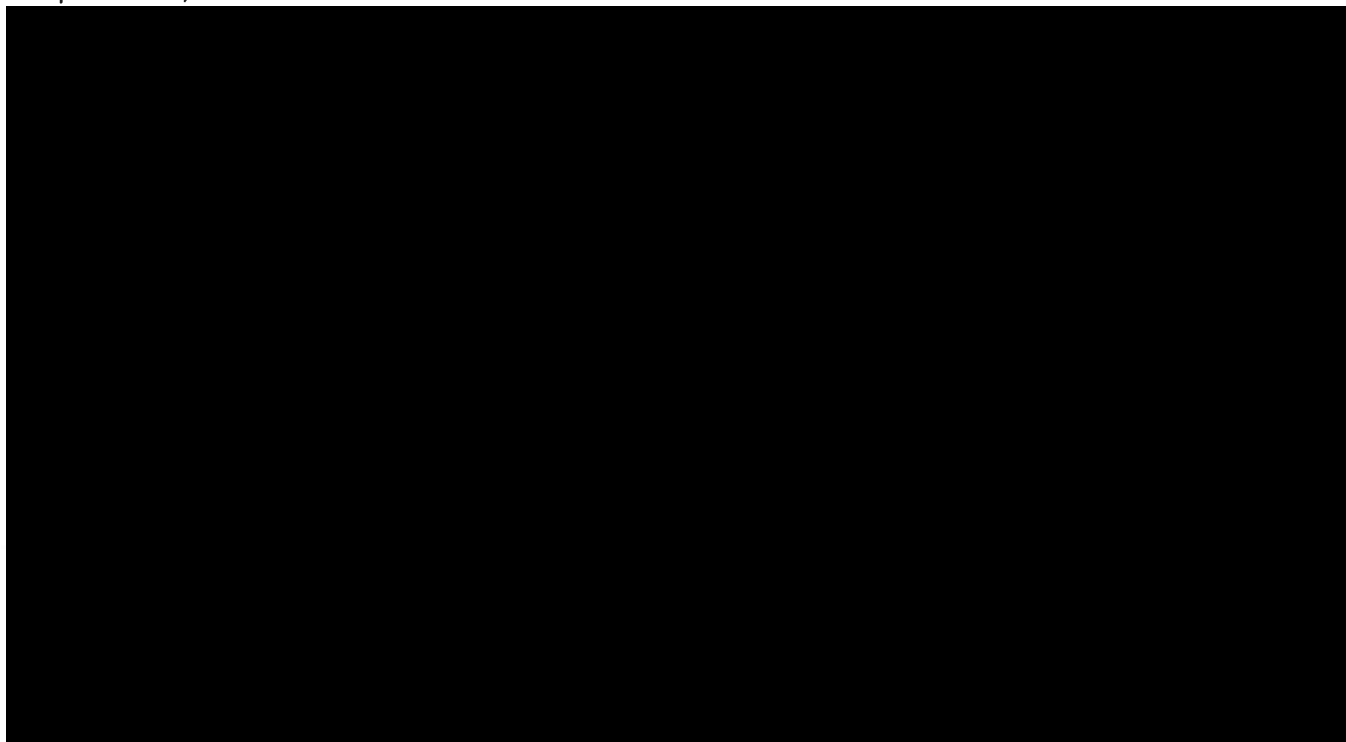
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

September 7, 2021



RECEIVED SEP - 8 2021

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

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Date

September 8, 2021

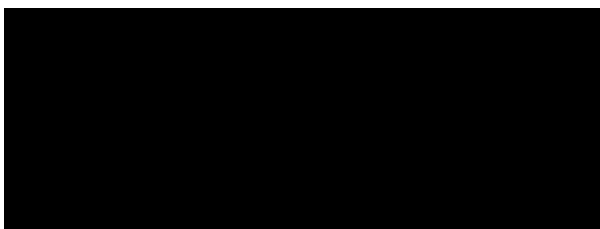
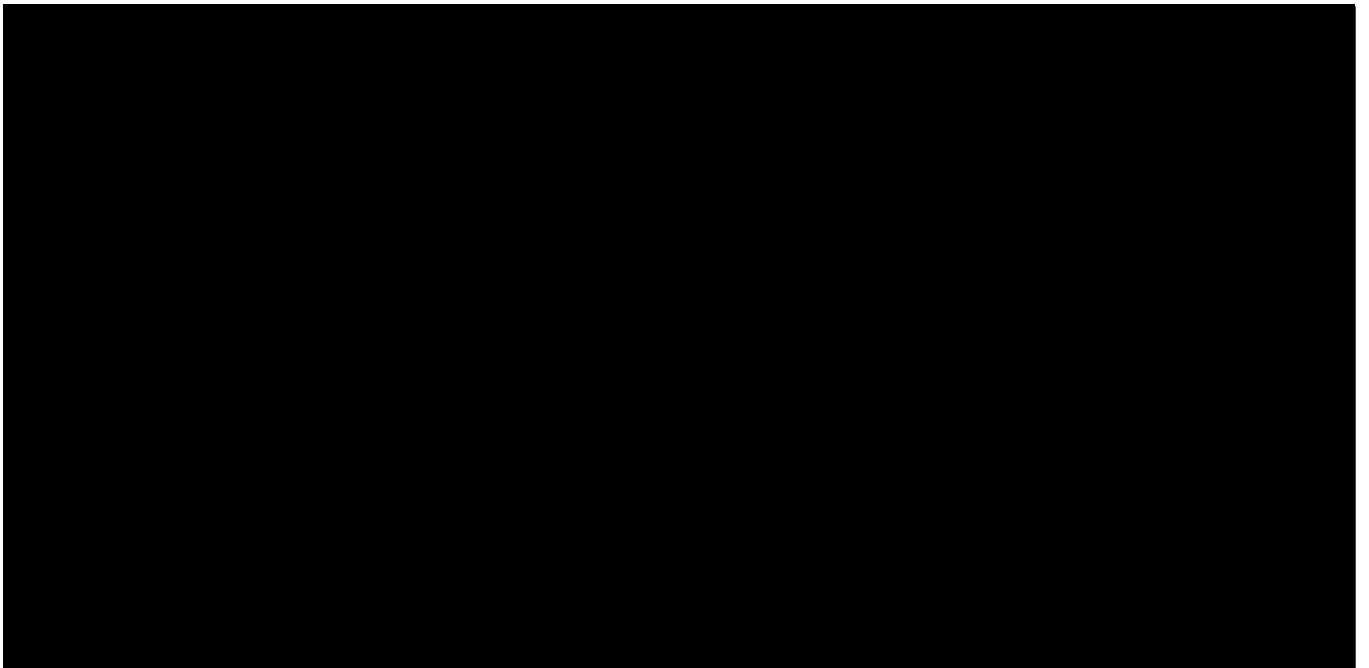
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP - 8 2021



RECEIVED SEP - 2 2021

SNOHOMISH SCHOOL DISTRICT
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Human Resource Services Review

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Date: _____

Accommodation Request (circle one) – Approved / Denied

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RECEIVED SEP - 3 2021

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9-3-21

Human Resource Services Review

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Date: _____

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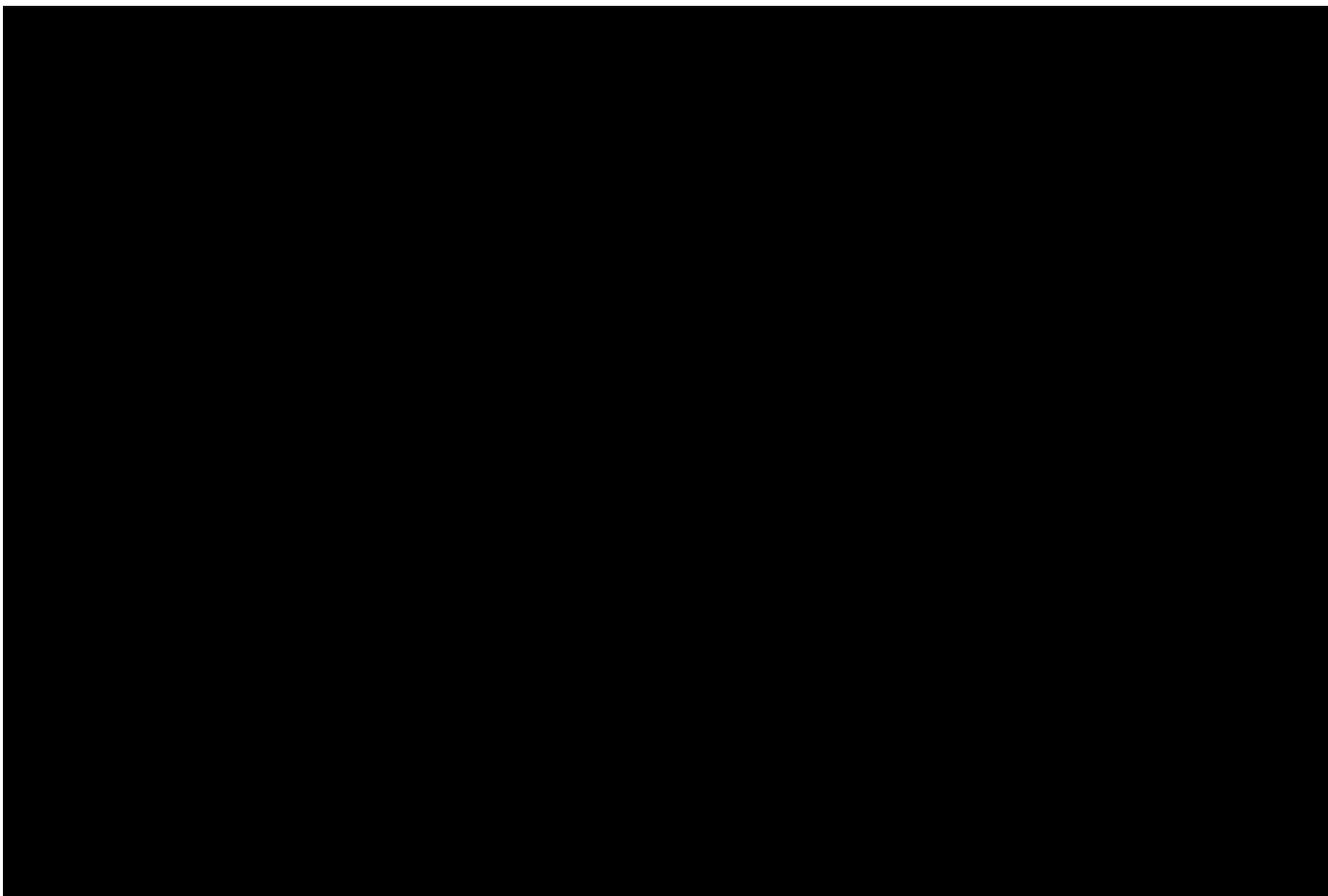
Aug 30, 2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied



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Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

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Date 8/3/21

Human Resource Services Review

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Employee Sign _____

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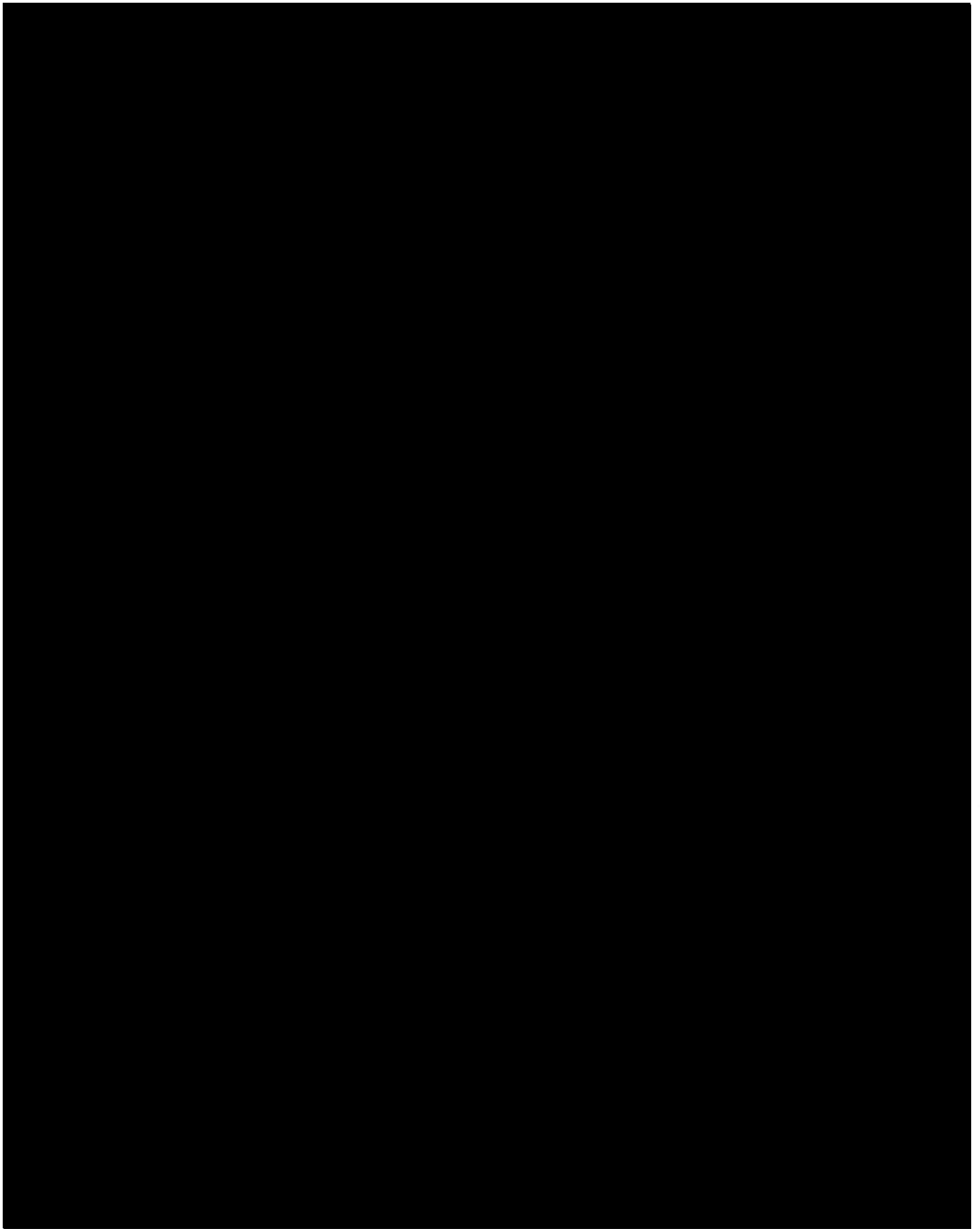
8/27/21

Human Resource Services Review

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Date: _____

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Employee Signature _____

Date _____

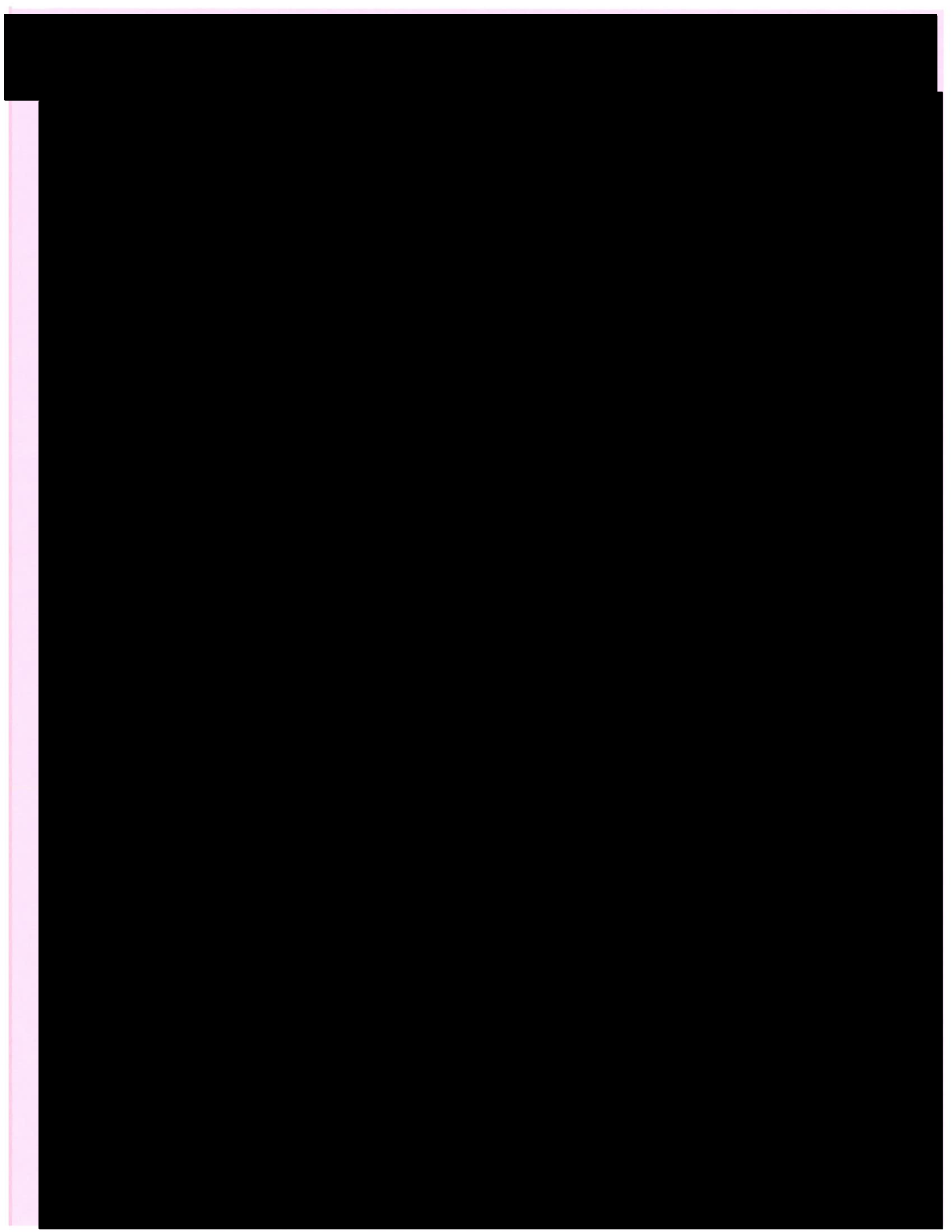
9/8/21

Human Resource Services Review

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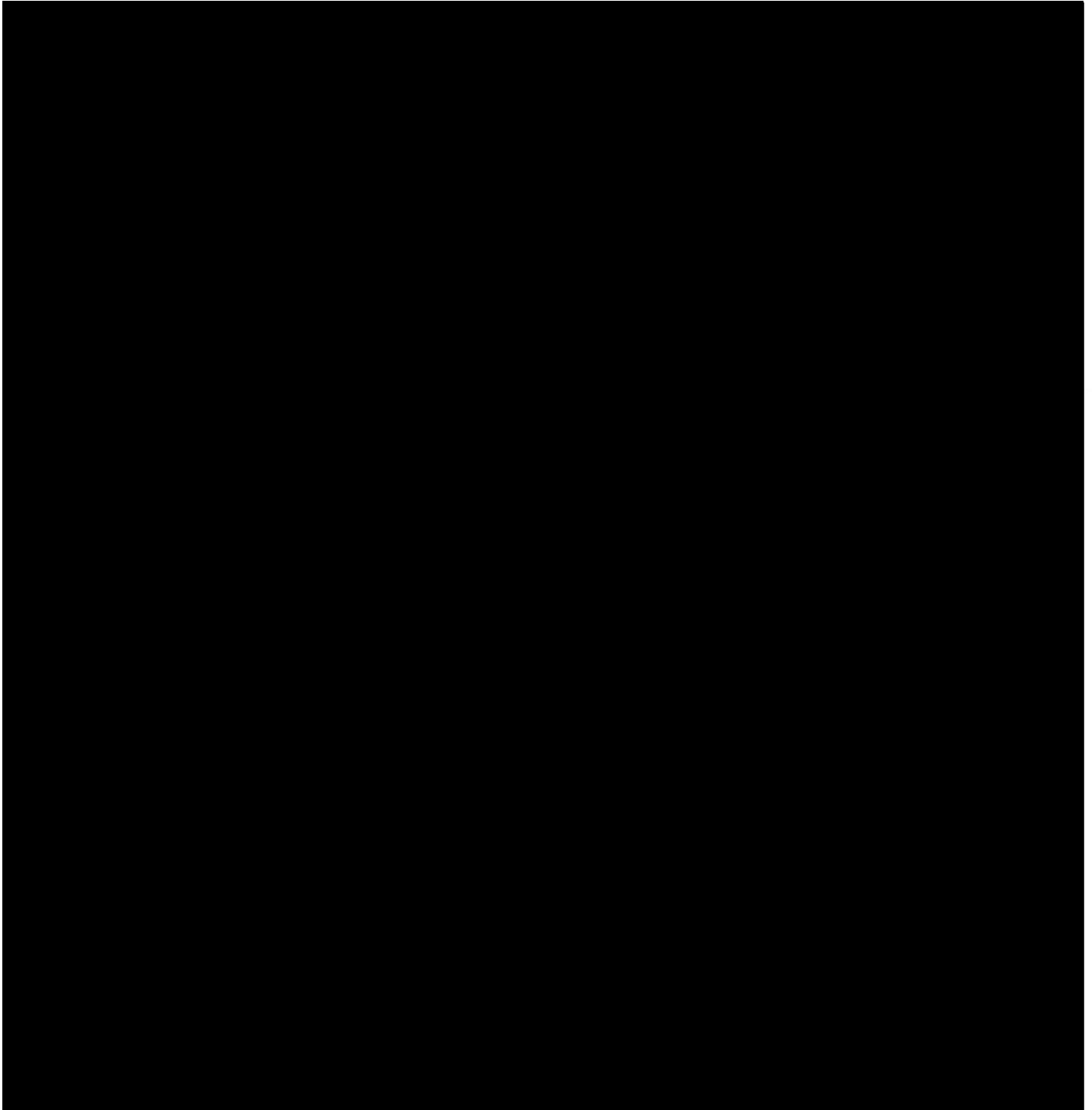
Accommodation Request (circle one) – Approved / Denied



[REDACTED]

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).

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 discusses "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"

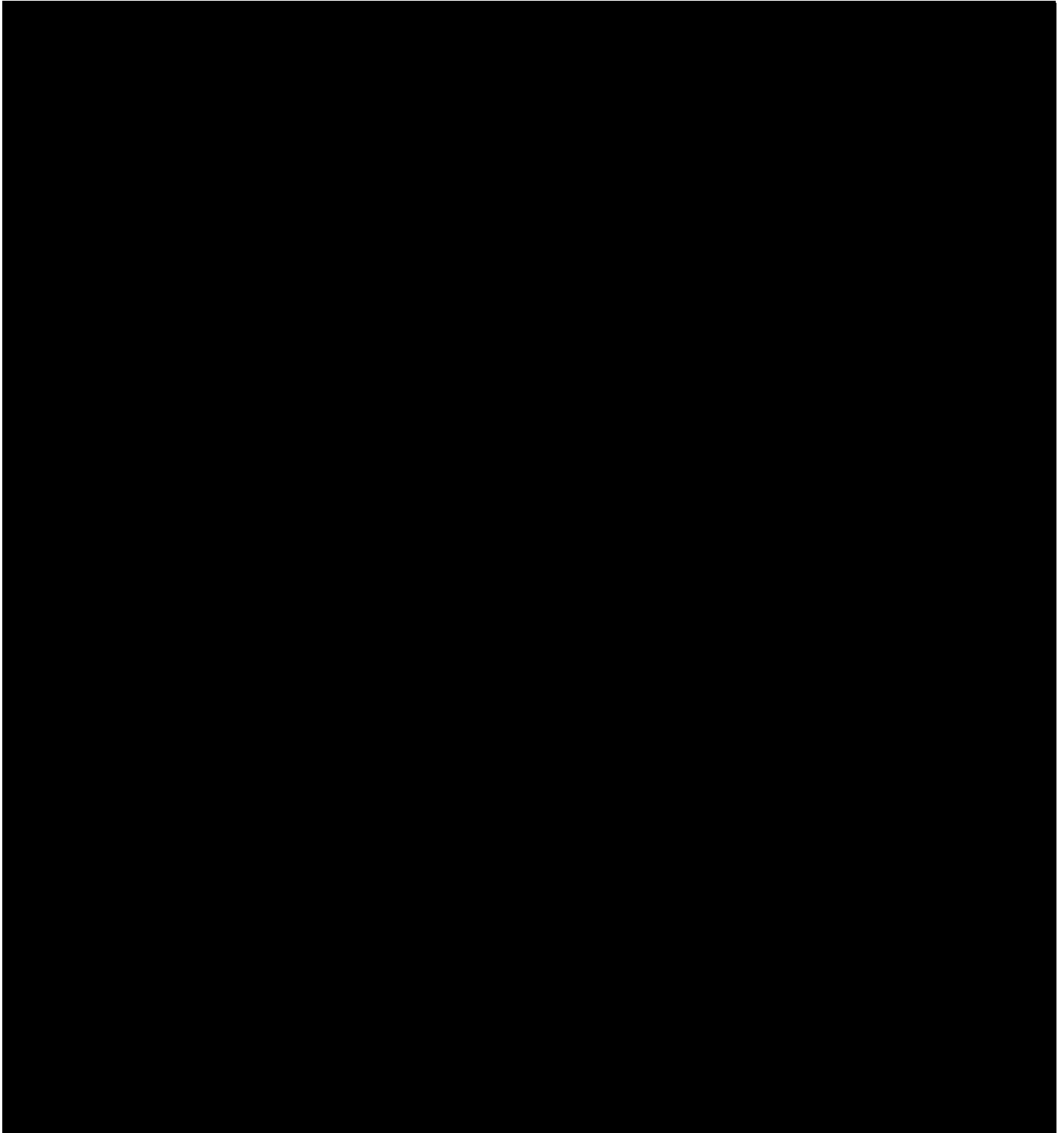
1. **Inform:** Dr must inform the patient of all risks, dangers and benefits of the supposed medical treatment or surgery AND. . . . AND. . . the risks, dangers and benefits of other alternative treatments/surgeries.
2. **Consent:** The doctor must get your consent (your acceptance) to move forward with 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.

RECEIVED SEP - 8 2021

Statement of Declination of COVID-19 Vaccine Product



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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).

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 discusses "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.

RECEIVED SEP - 7 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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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
- b. All vaccinations
- c. Only the COVID-19 vaccine

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

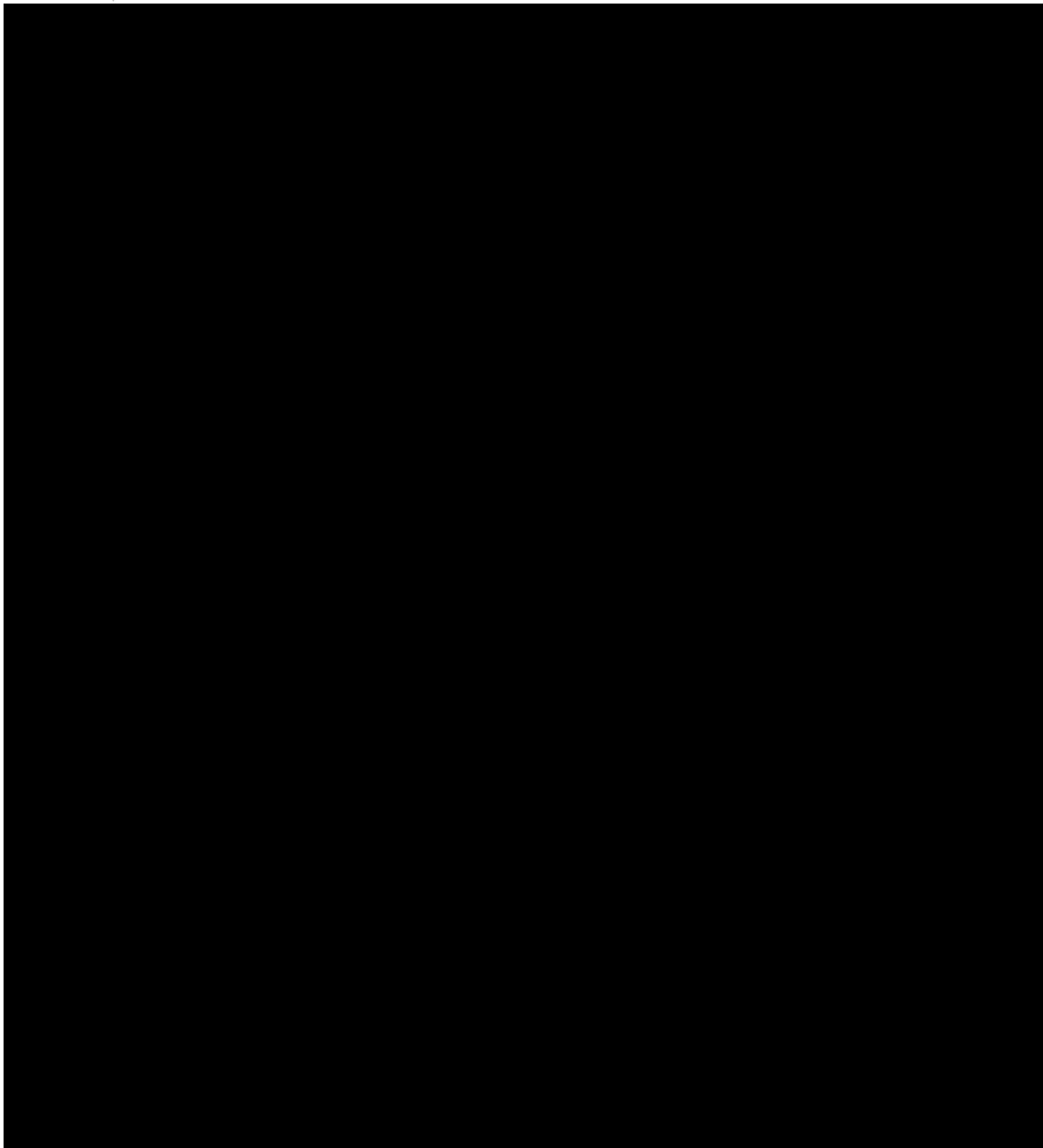
Sept 2 2021
Date

Human Resource Services Review

Reviewed By: _____

Date: _____

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.

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SNOHOMISH SCHOOL DISTRICT RECEIVED SEP - 7 2021
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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 _____

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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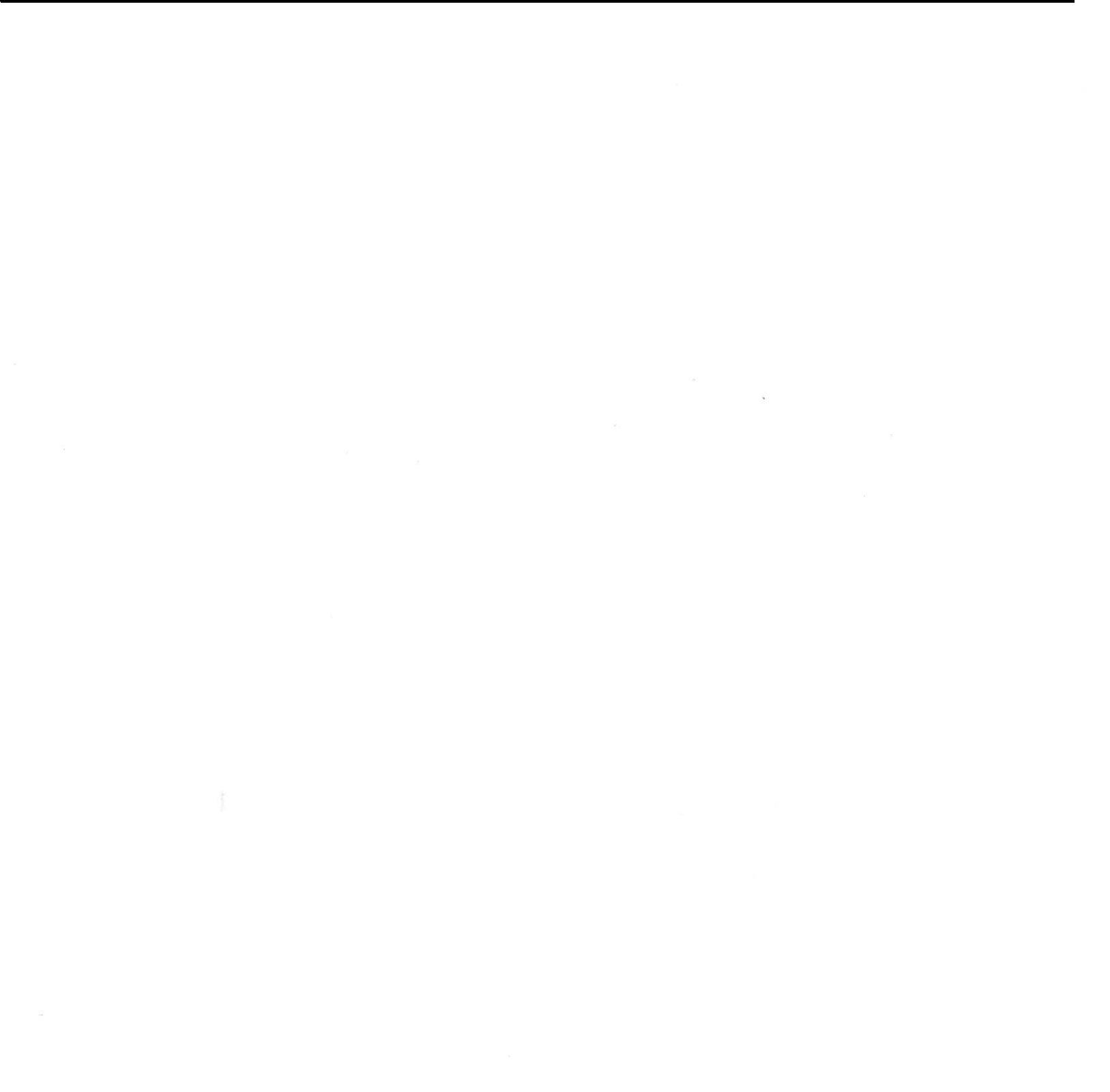
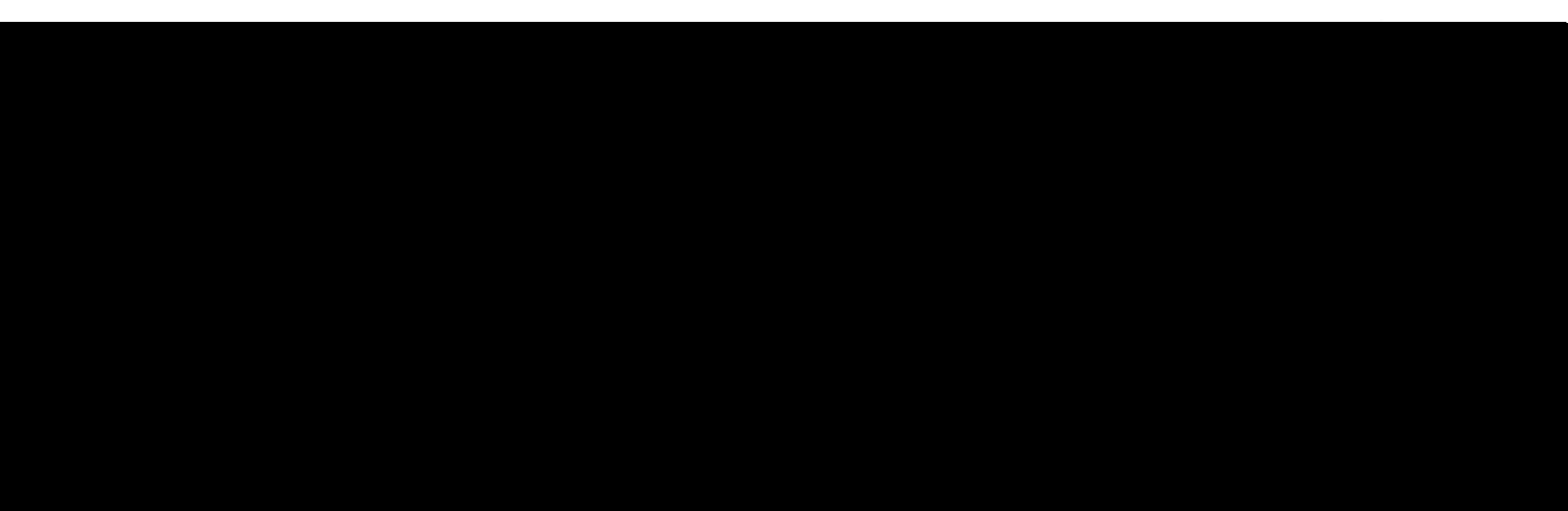
Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied



RECEIVED SEP - 3 2021

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

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- c. Only the COVID-19 vaccination

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Date

9-1-2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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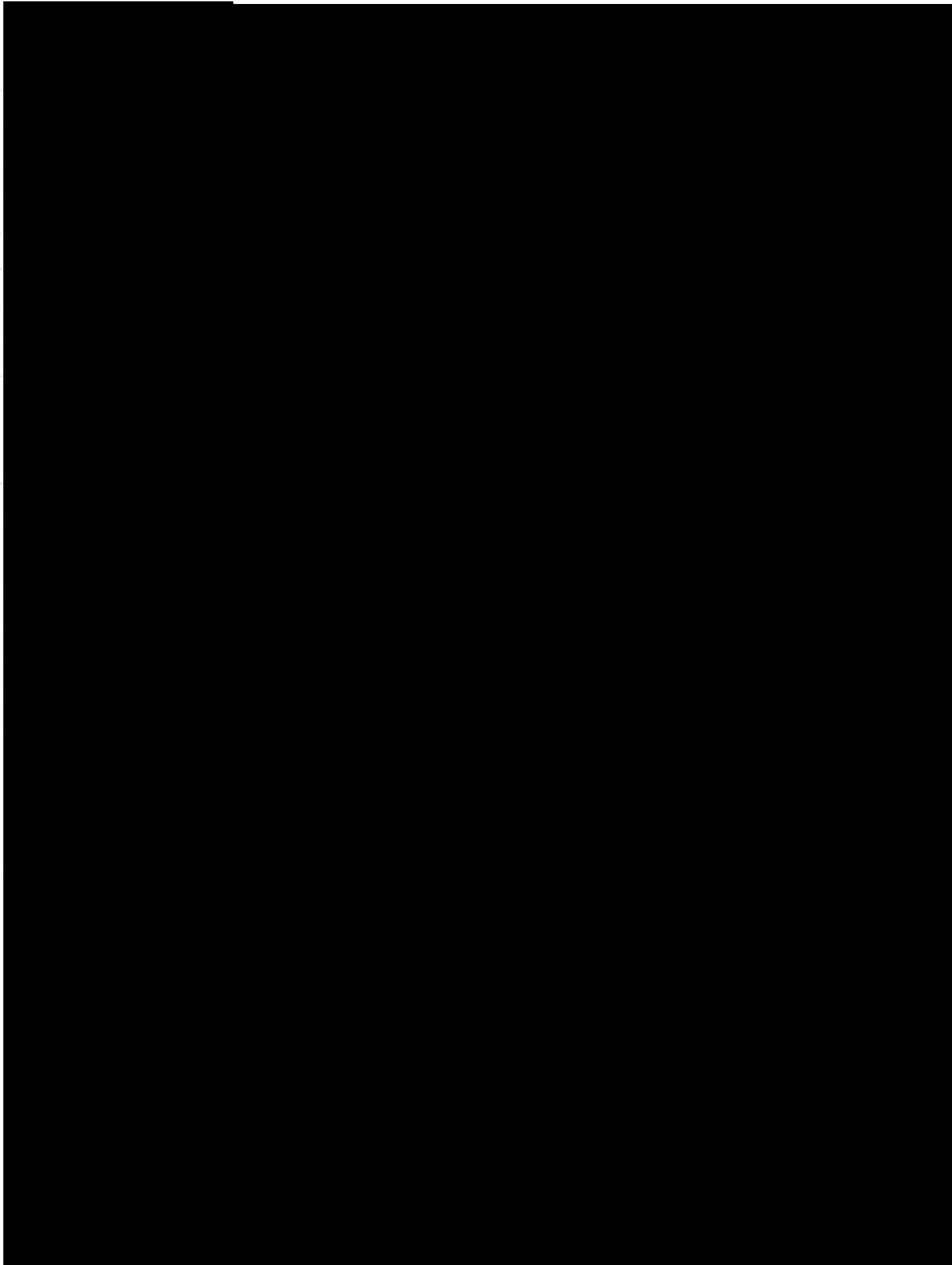
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1. Introduction

2. Methodology

3. Results

4. Discussion

5. Conclusion

6. References

7. Appendix

8. Acknowledgments

9. Author Biographies

10. Contact Information

11. Declaration of Interest

12. Data Availability Statement

13. Ethics Statement

14. Funding

15. Supplementary Materials

16. References

17. Appendix

18. Acknowledgments

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27. Appendix

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35. Supplementary Materials

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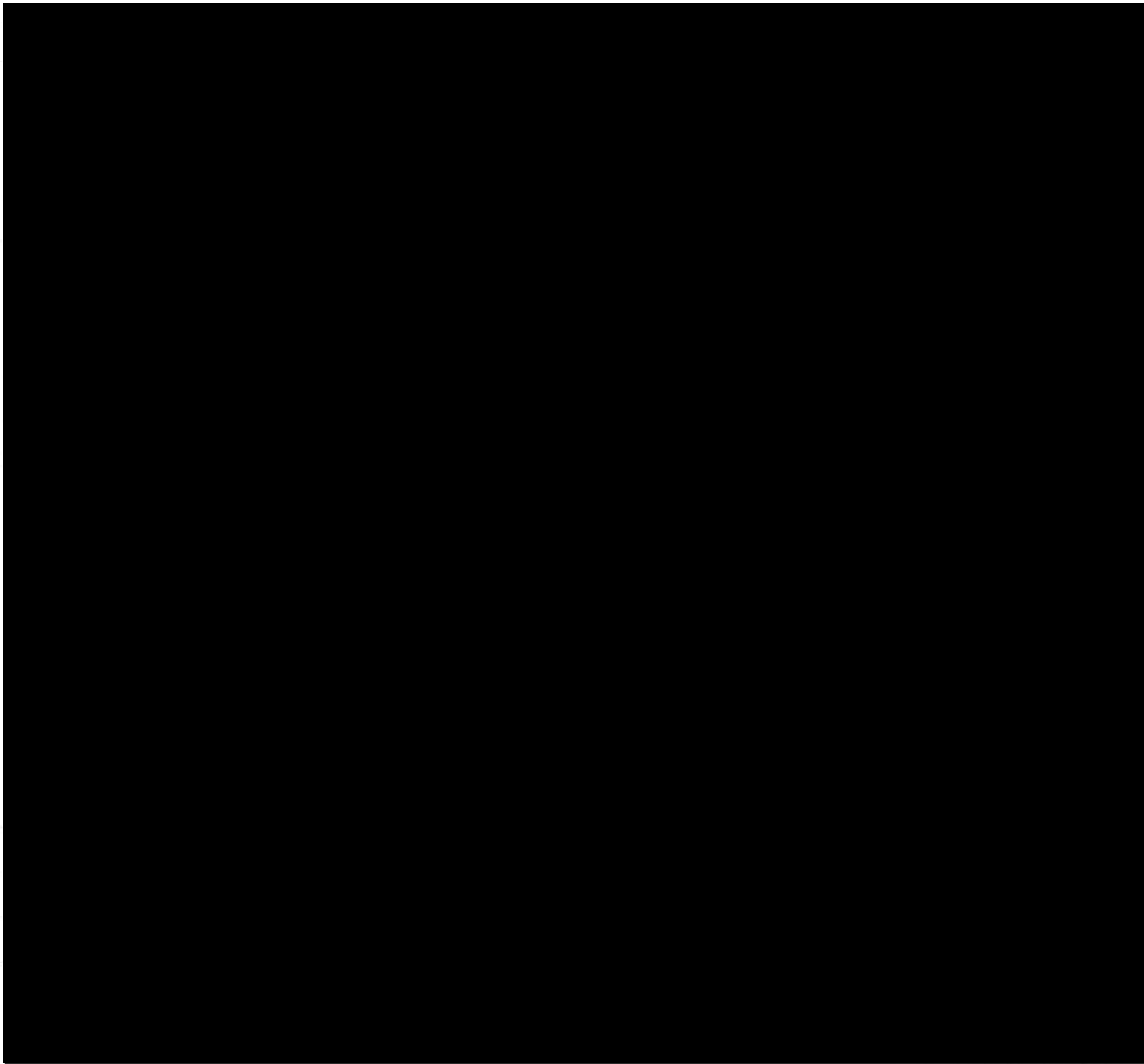
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RECEIVED SEP - 7 2021

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

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- b. All vaccinations
- c. Only the COVID-19 vaccination

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Date

9-4-21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP 30 2021

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

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2. Does your religious belief, practice, or observance lead you to object to:

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- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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[REDACTED] _____
Date 9-8-2021

Human Resource Services Review

Reviewed By: _____

Date: 10/1/2021

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 7 2021

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Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP - 7 2021

SNOHOMISH SCHOOL DISTRICT
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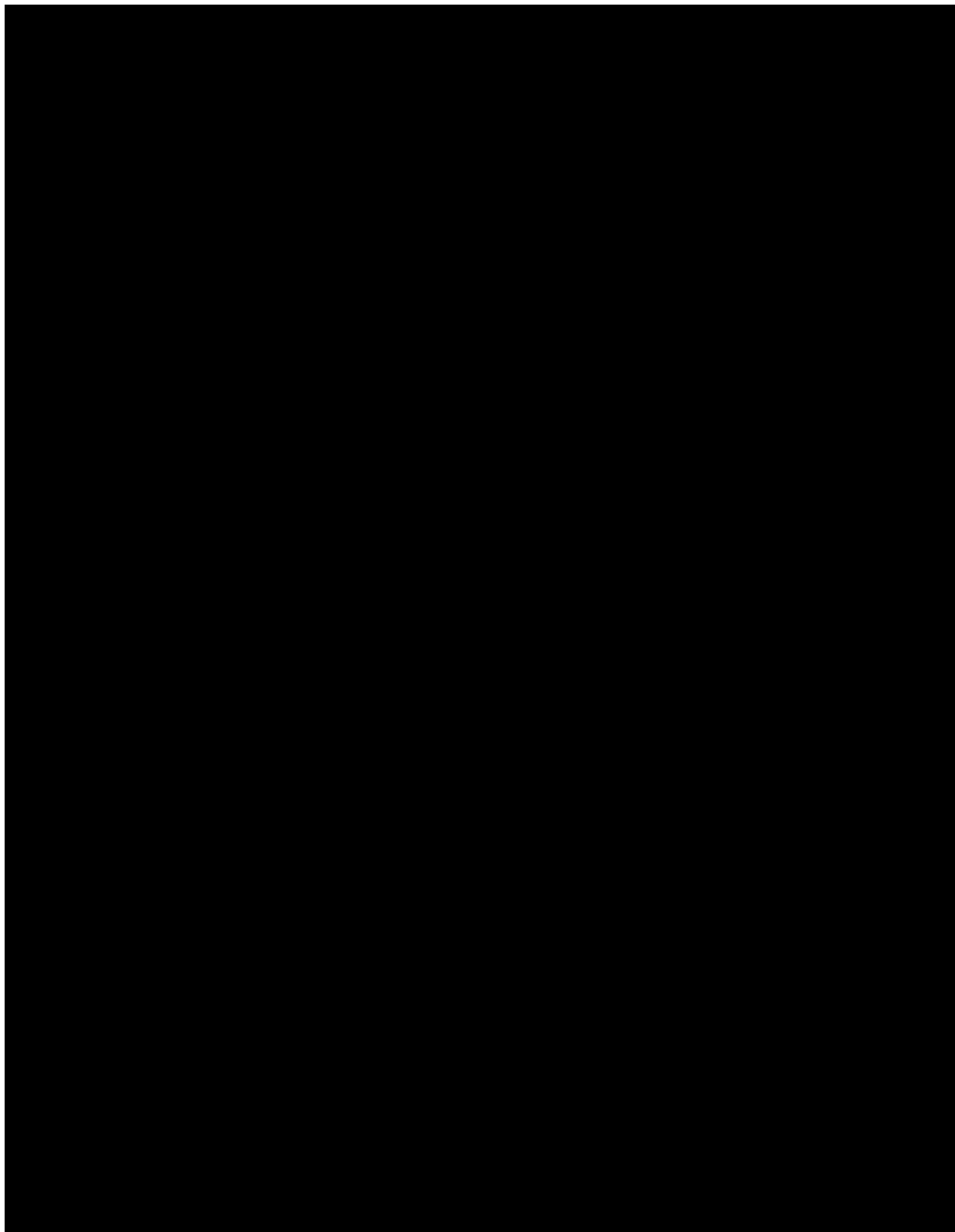
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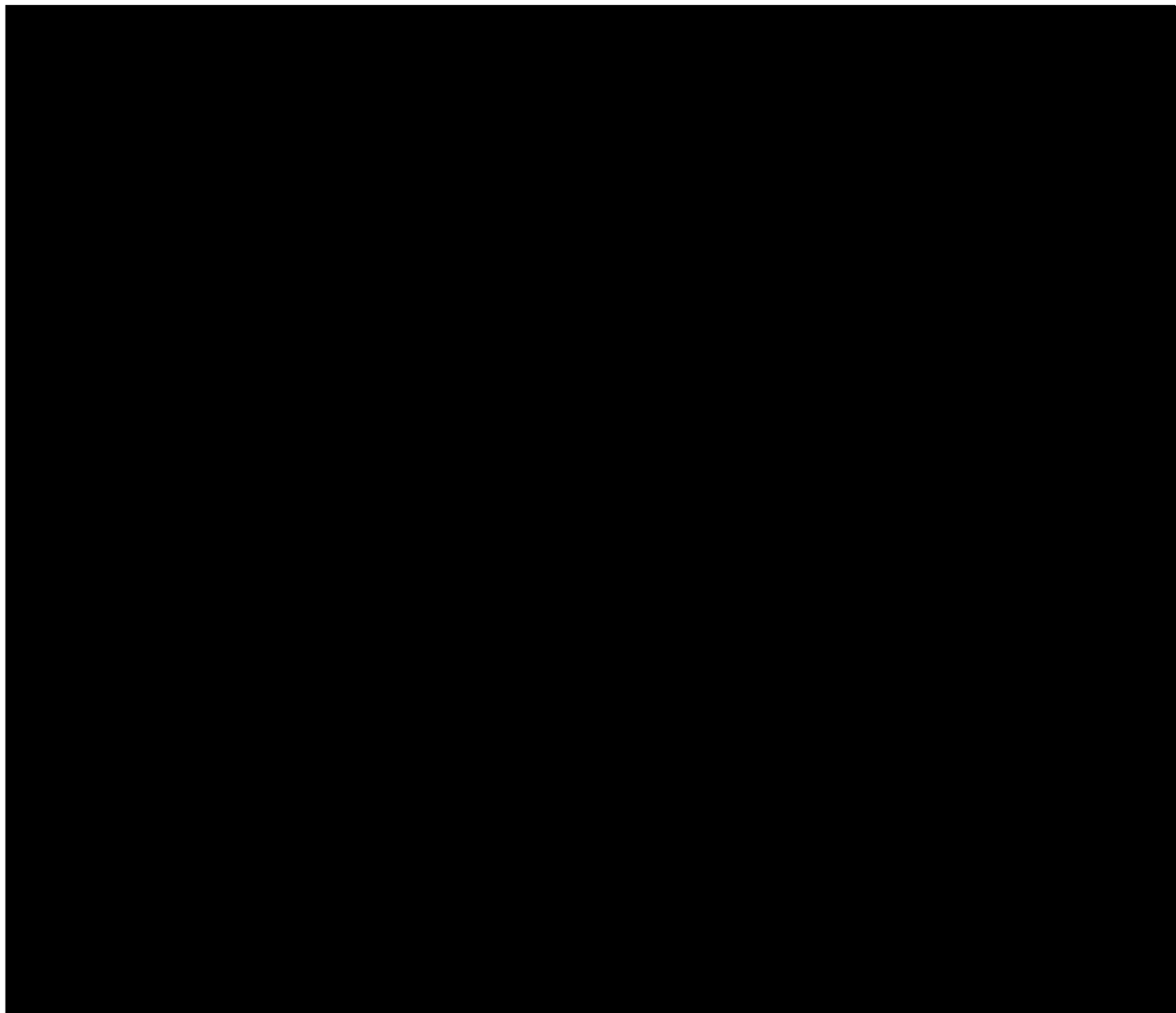
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied





RECEIVED SEP - 8 2021

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

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Employee Name: [REDACTED]

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2. Does your religious belief, practice, or observance require you to:

- a. All medical treatment – Yes/No [REDACTED]
- b. All vaccinations – Yes/No [REDACTED]
- c. Only the COVID-19 vaccination – Yes/No [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed. [REDACTED]

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[REDACTED]
Date: 9/8/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP 14 2021

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

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| | | |
|-----------------------|--|--|
| Employee Name: | | |
|-----------------------|--|--|

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Emp _____

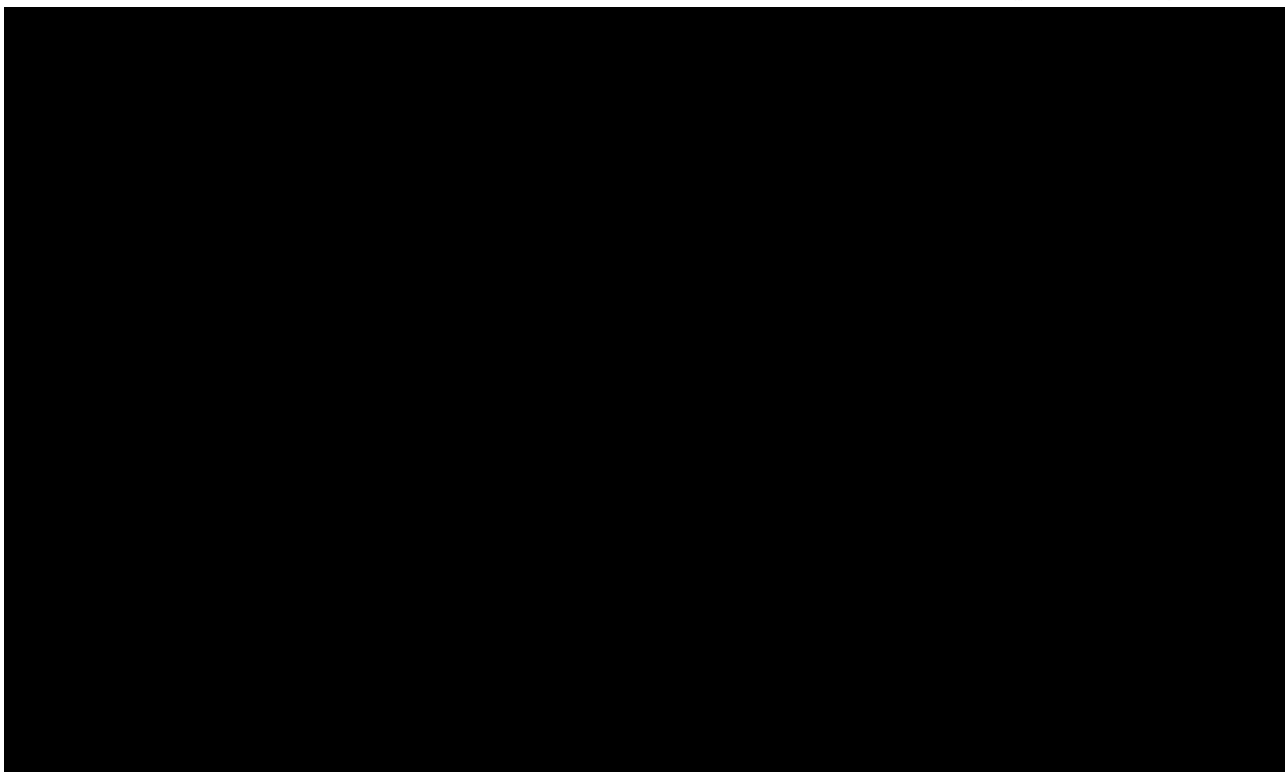
09-13-2021
Date _____

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied



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

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[REDACTED] _____
Date

10/13/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

RECEIVED OCT - 4 2021

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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 from my personnel file.

Employee Signature

10/04/2021

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED OCT 13 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 is reaching out to you to schedule a meeting regarding your accommodation request and engage in an inter 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 – Yes/No _____
- 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: _____

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 in my personnel file.

Employee

10/13/2021

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one): Approved / Denied

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

RECEIVED SEP - 8 2021

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 – 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: _____

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 from my personnel file

Date

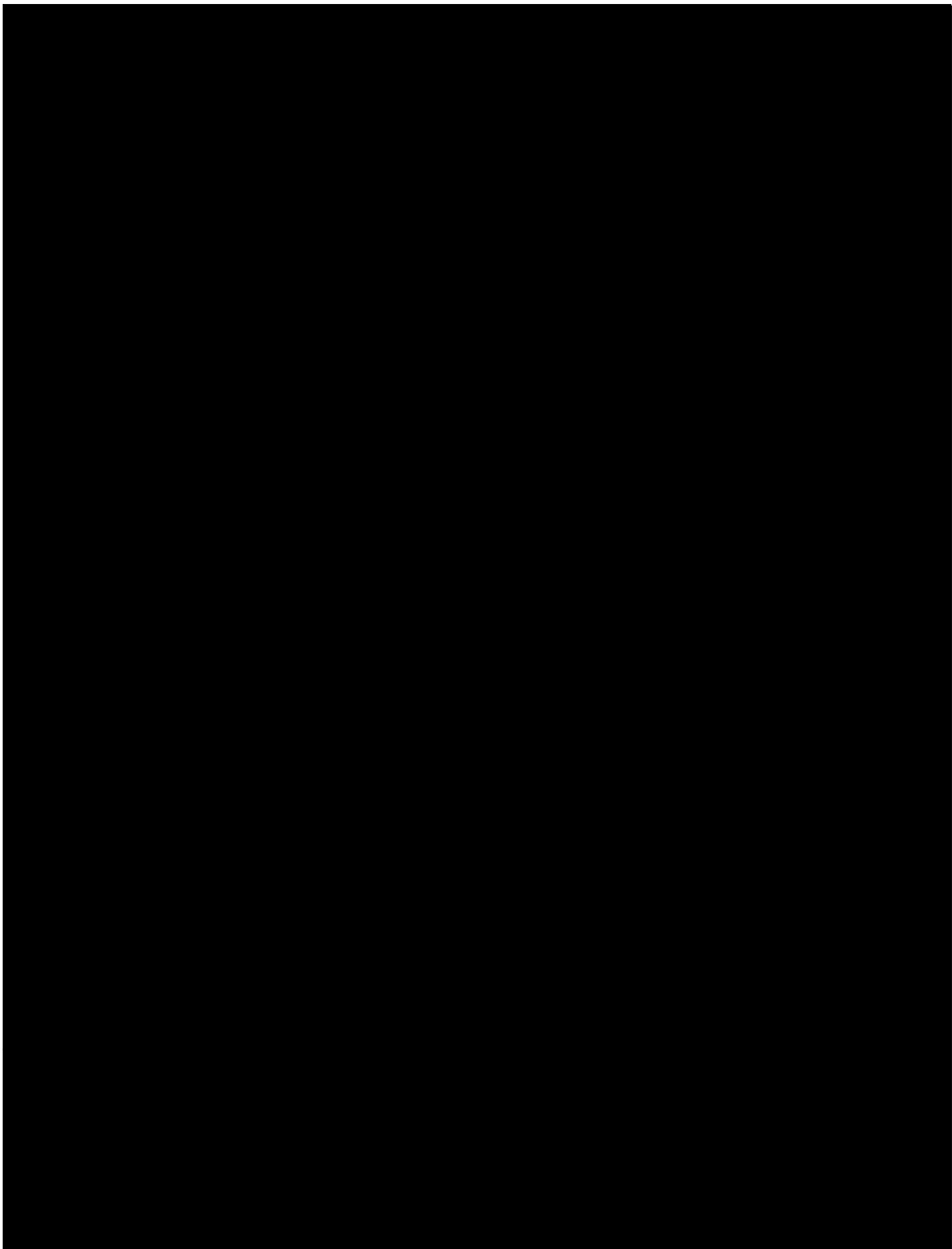
9/8/21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied





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

RECEIVED OCT - 5 2021

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 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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Employee Signature

Date

10/5/2021

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.

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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
- 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: _____

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 from my personnel file.

E

10/14/2021

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP 22 2021

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 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: _____

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

9/20/21

Date

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.

Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

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 from my personnel file.

[REDACTED]

9/4/21
Date

Human Resource Services Review

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.

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 vaccination
- 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: _____

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 from my personnel file.

Date

10-5-2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED OCT - 6 2021

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 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 _____ 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 this form based on my knowledge, information, and belief. I understand that this form will be stored separately from _____

Em _____

Date: 10/6/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP 28 2021

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your accommodation request. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

a. All medical treatment – Yes/No [REDACTED]

b. All vaccinations – Yes/No [REDACTED]

c. Only the COVID-19 vaccination – Yes/No [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed. [REDACTED]

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 from my personnel file. [REDACTED]

9-28-21

Date

Human Resource Services Review

Reviewed By: [REDACTED]

Accommodation Requested: [REDACTED]

Date: 10/1/2021

RECEIVED AUG 27 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.

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
b. All vaccinations [REDACTED]
c. Only the COVID-19 vaccination [REDACTED]

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

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

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 from my personnel file.

[REDACTED]

Date

8/27/21

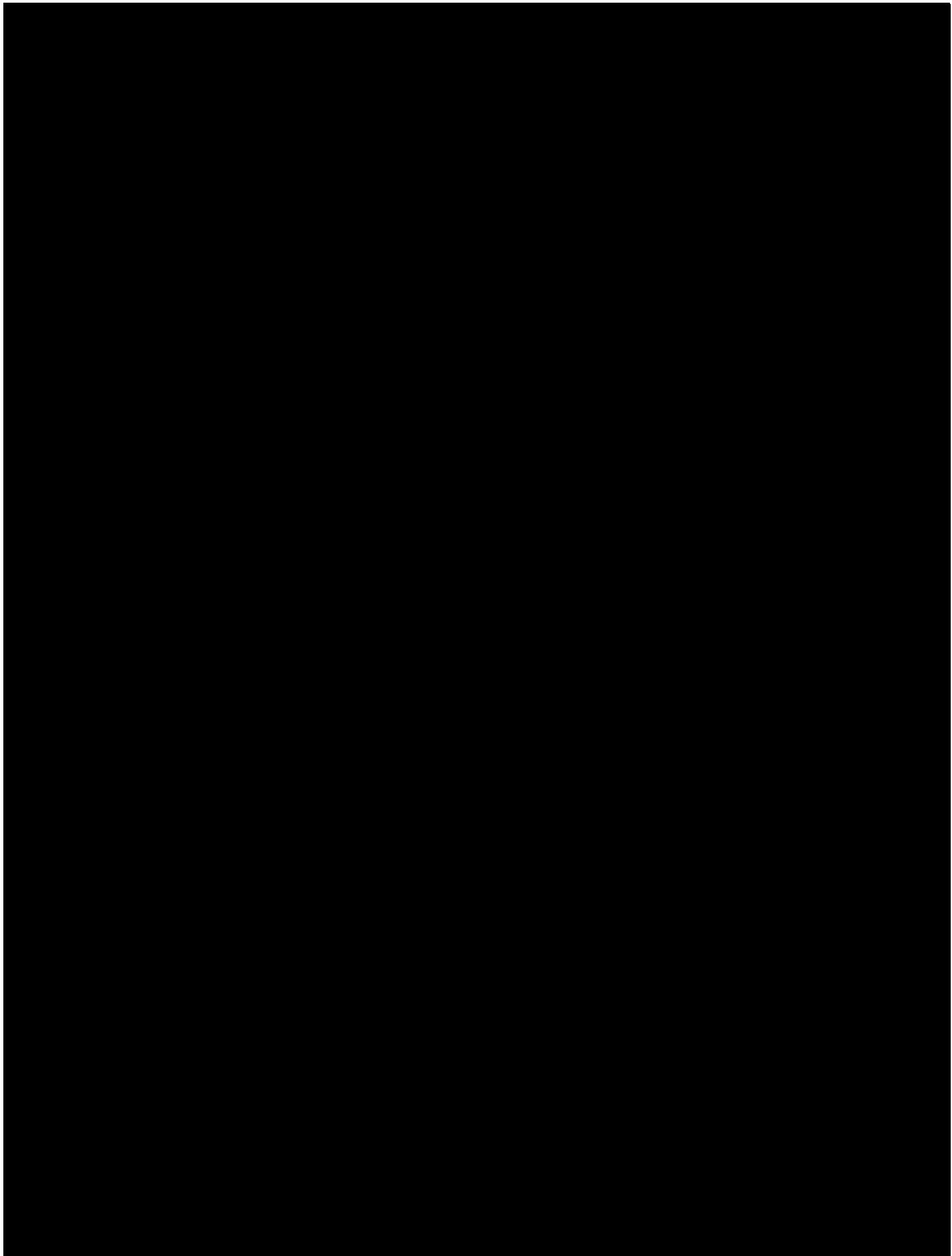
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

[REDACTED]



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

RECEIVED AUG 26 2021 ✓

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

a. All medical treatment – Yes/No [REDACTED]

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. [REDACTED]

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed [REDACTED]

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 from my personnel file.

Employee [REDACTED]

8/26/2021

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED AUG 30 2021

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

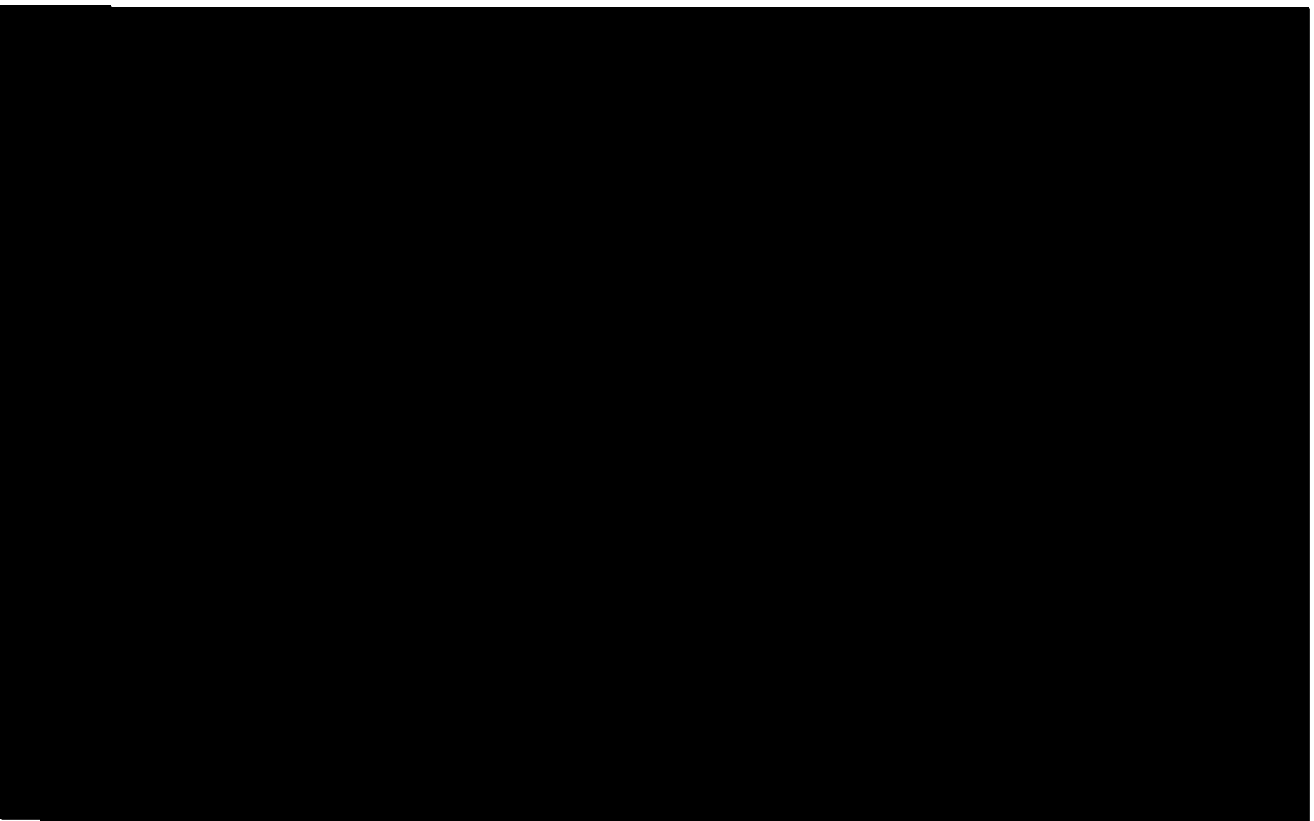
[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

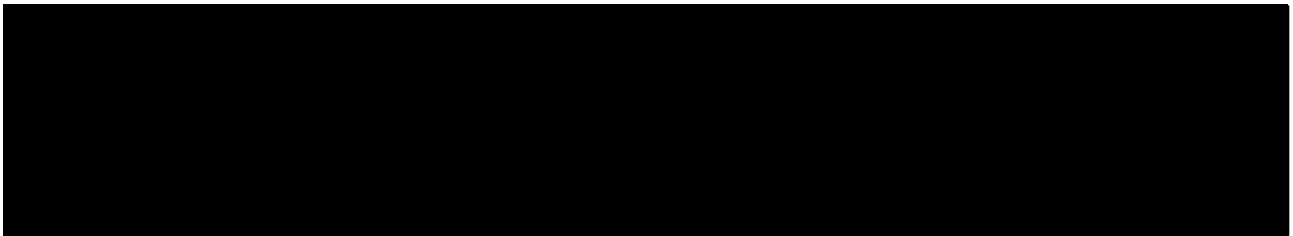
- a. All medical treatment – [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

[REDACTED]



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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Employee Signature

8/29/2021

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (Circle one) – Approved / Denied

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

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Employee Name: _____

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2. Does your religious belief, practice, or observance lead you to object to:

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- 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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Employee Signature

Date

9-7-2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 8 2021

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Employee Name:

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- 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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Employee

Date

9/7/21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 8 2021

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Employee Name:

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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

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

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- 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: _____

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 from _____

Em _____

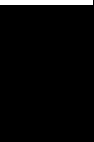
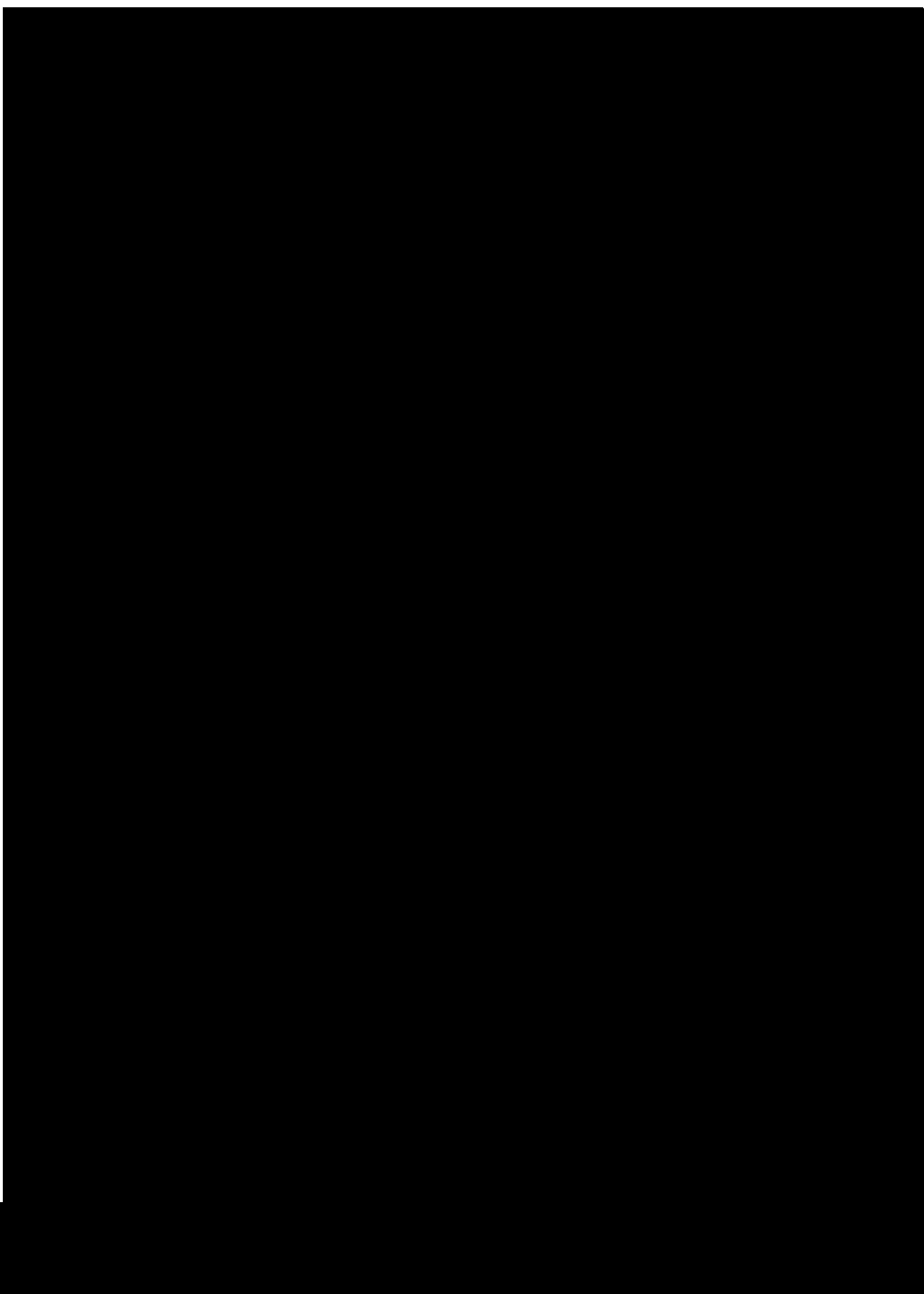
Date 9/10/21

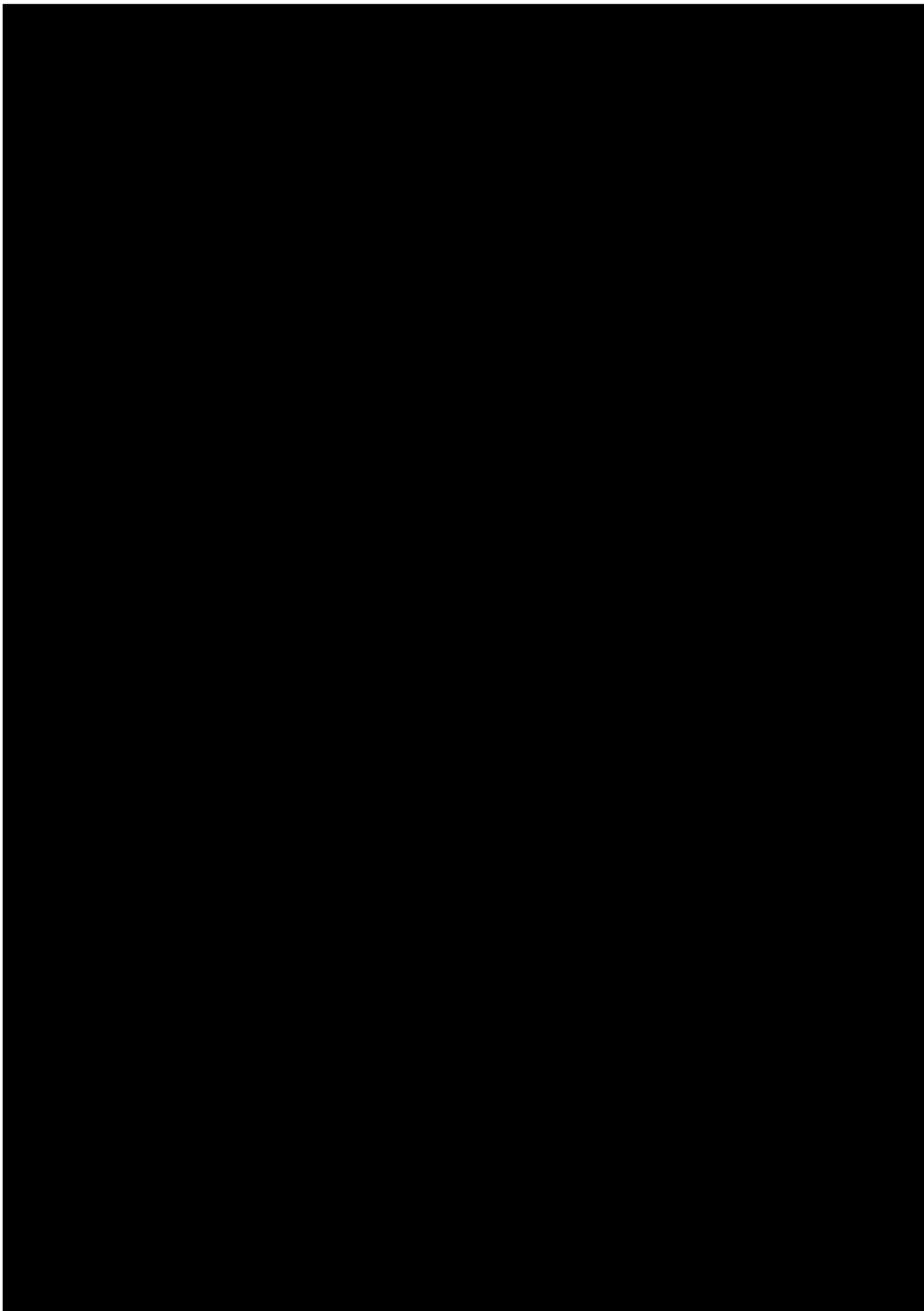
Human Resource Services Review

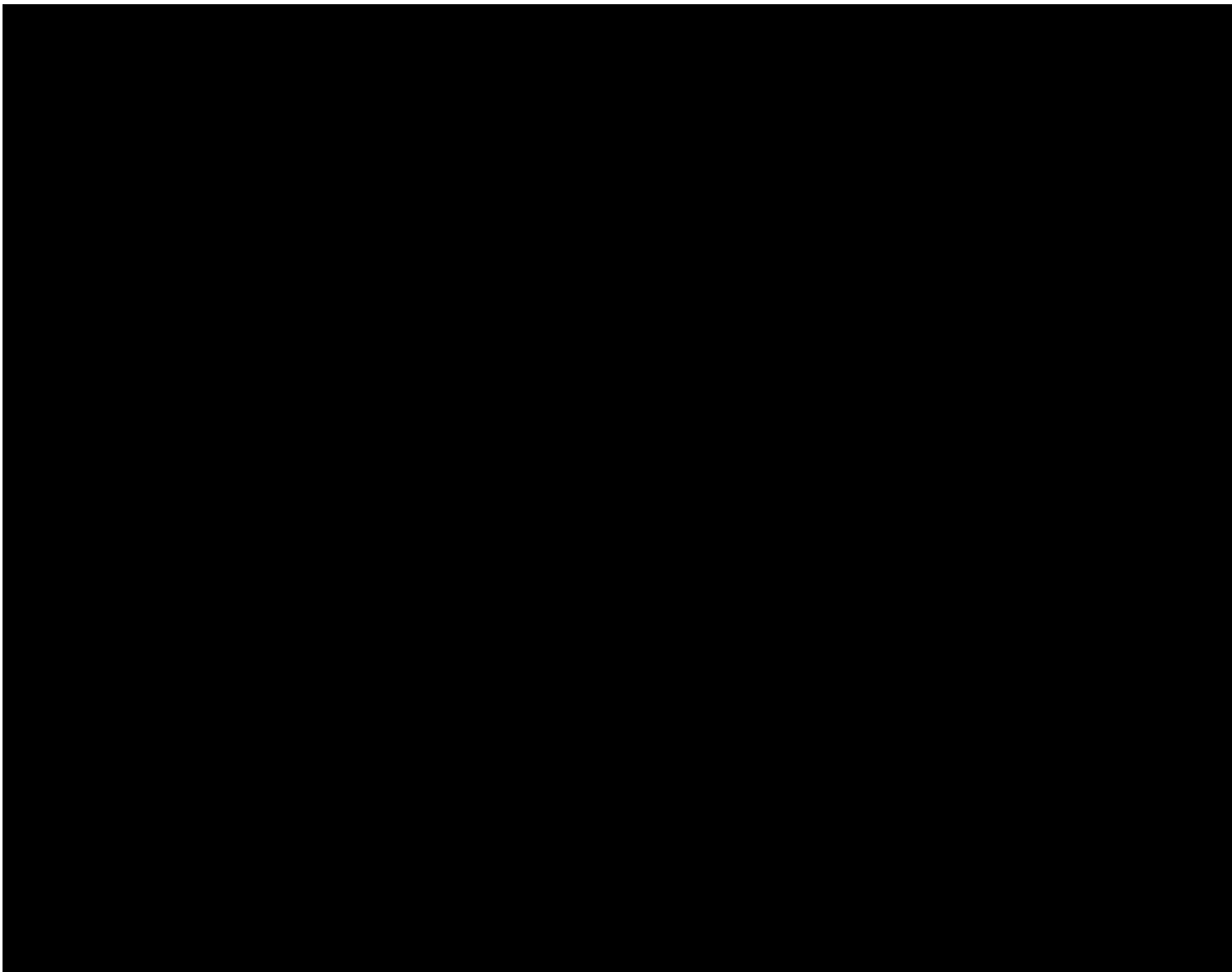
Reviewed By: _____

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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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. 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 from my personnel file.

Employee Signature

Date

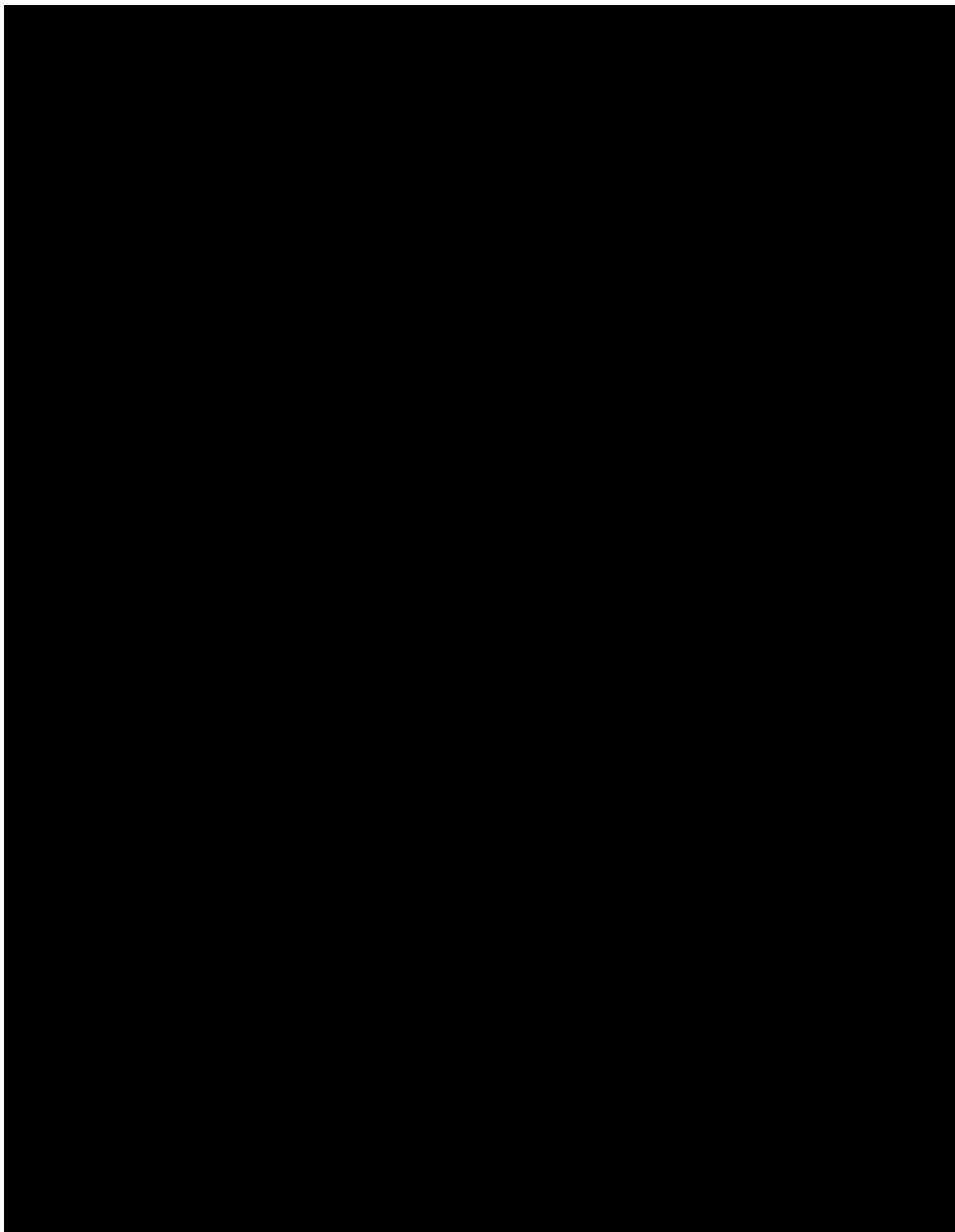
09/08/21

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. 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.

Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

Employee [REDACTED]

Date

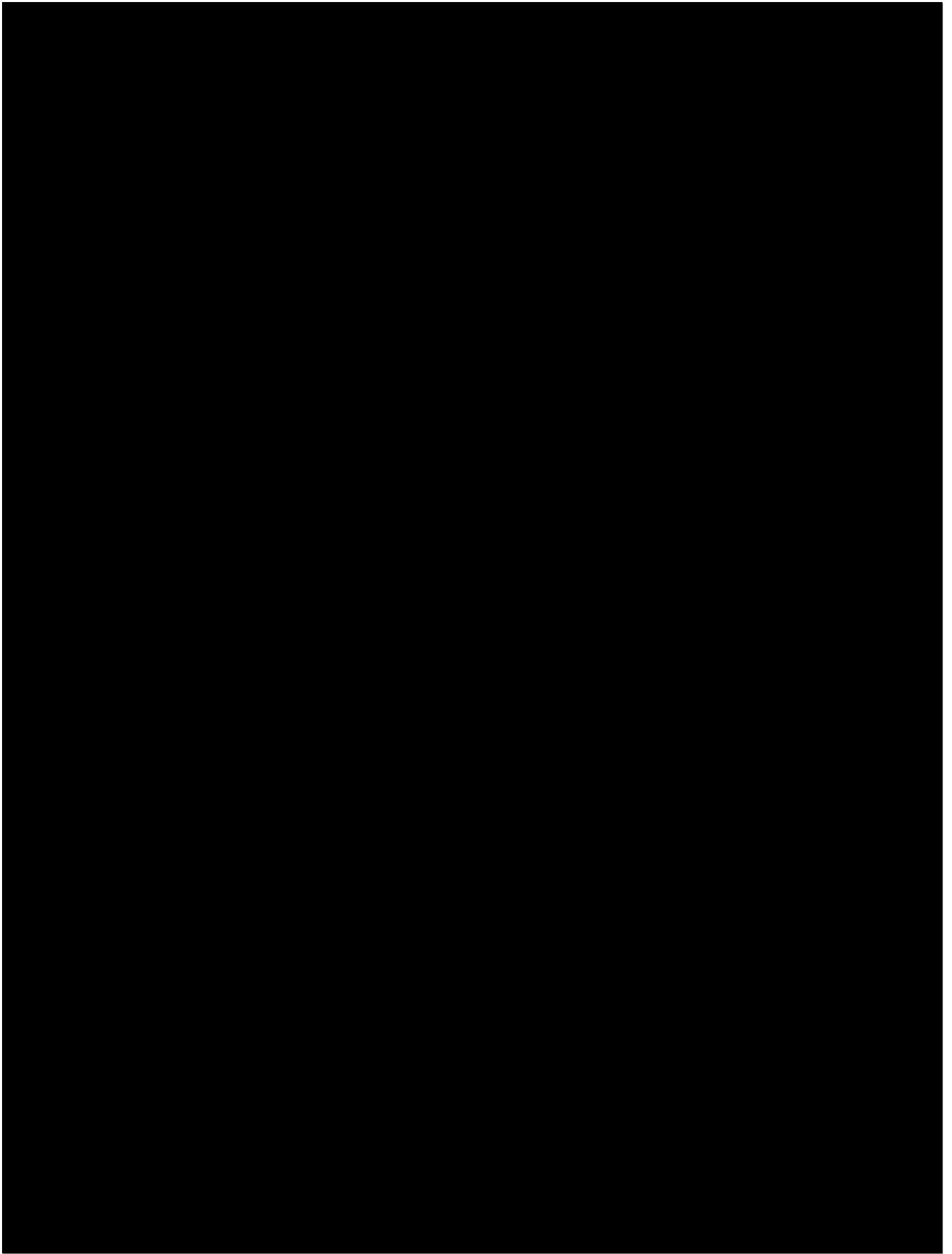
9/7/2021

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.

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

4. Briefly describe the accommodation you are requesting [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

[REDACTED] _____
Date

9-6-2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP / 2 2021

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.

Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccination [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

[REDACTED]

Date

9/2/21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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.

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

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 from my personnel file.

9/6/2021

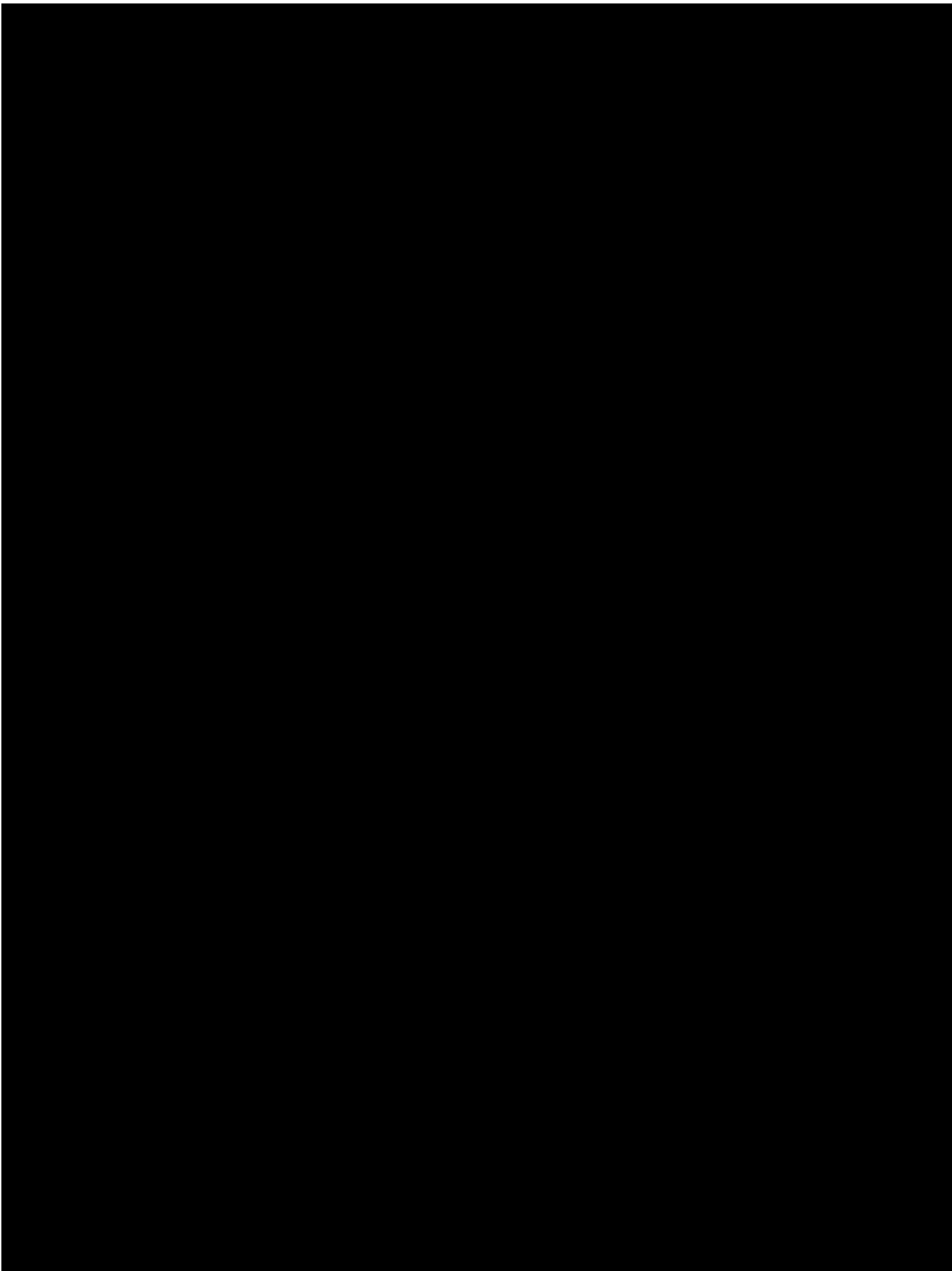
Date

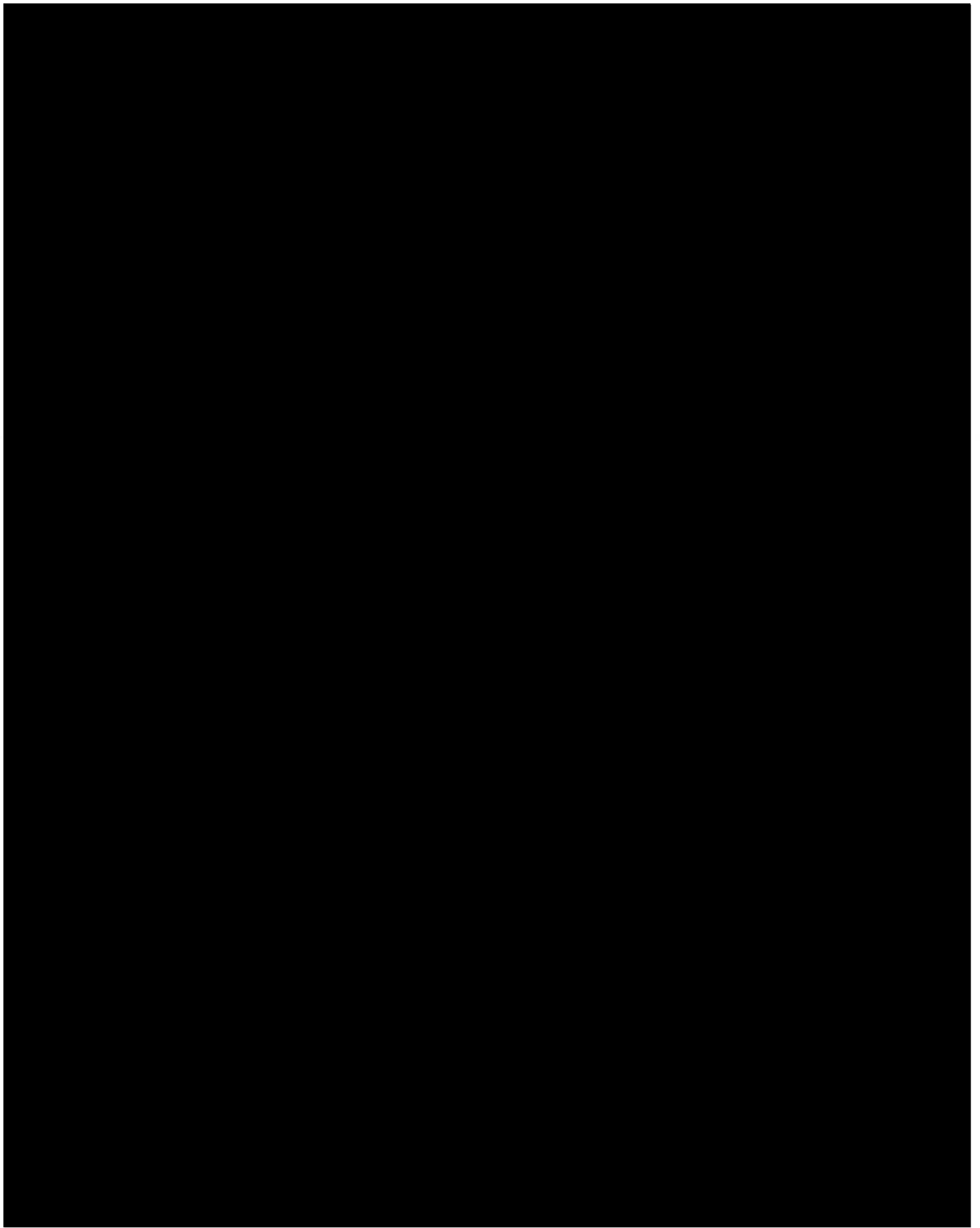
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied





Works Cited

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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.

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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 – _____
- 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: _____

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 from my personnel file.

Employee Signature

Date

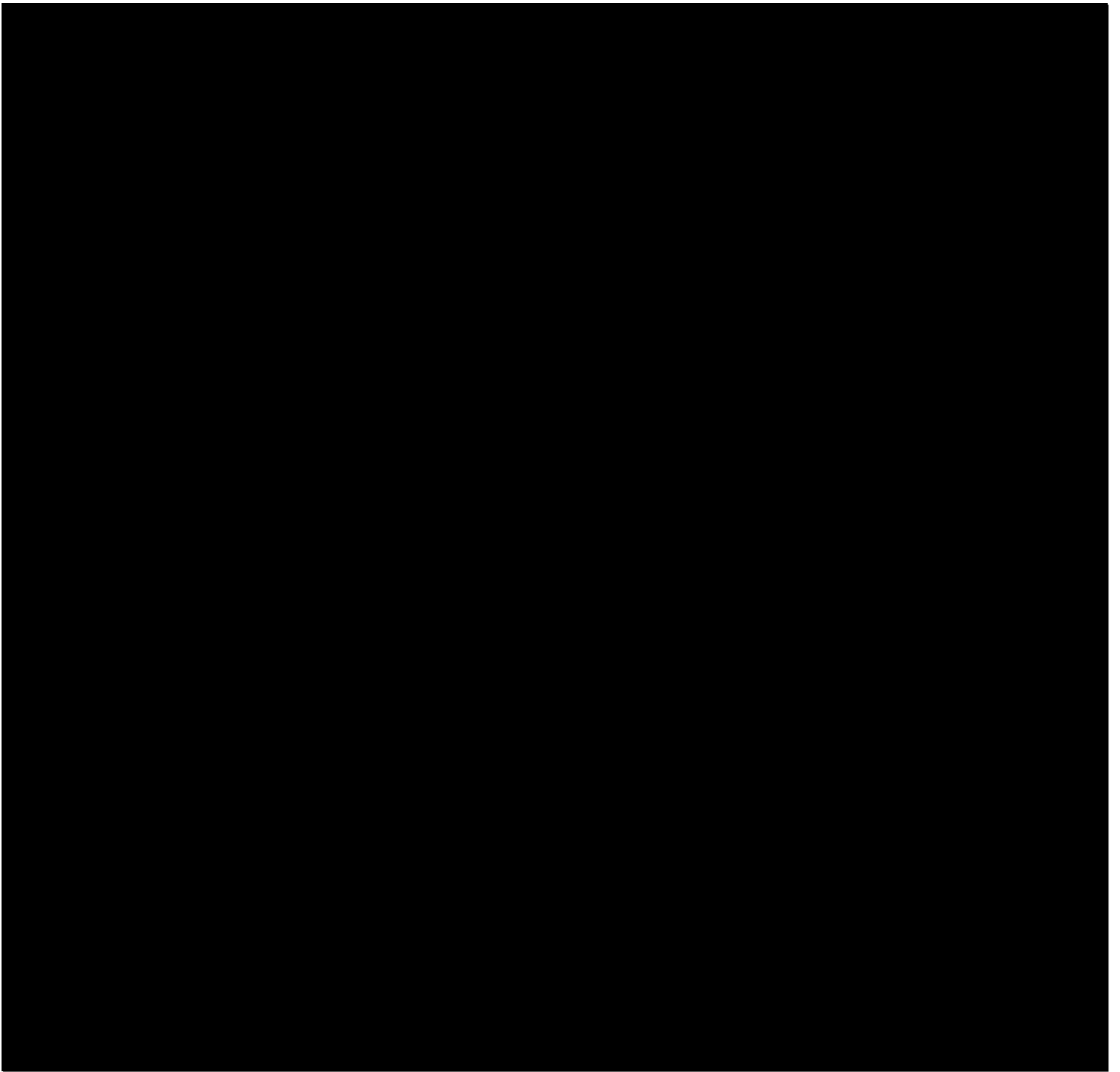
9/7/2021

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. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

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Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccine [REDACTED]

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

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed [REDACTED]

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 from my personnel file.

[REDACTED]

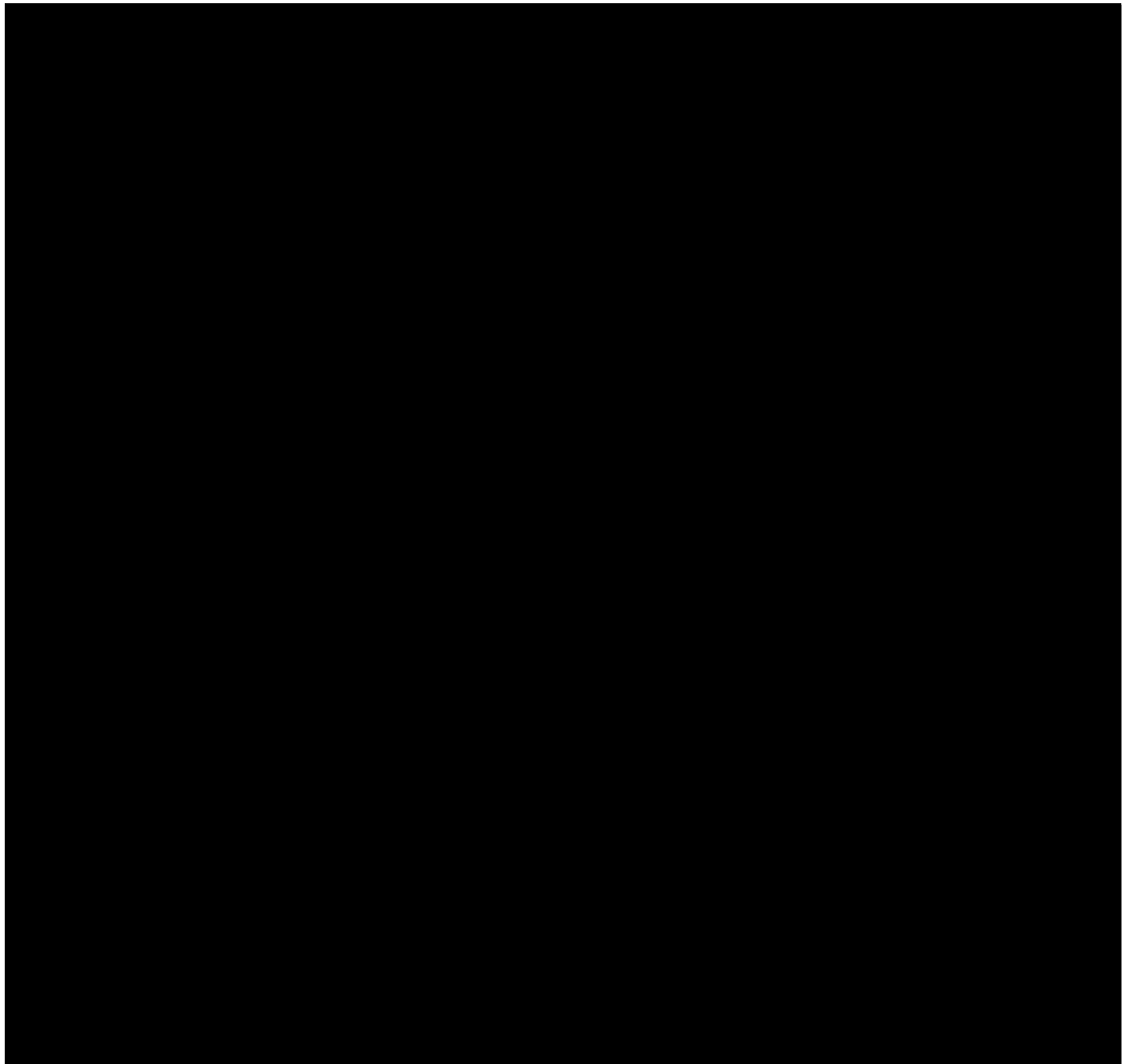
Date: 9/6/2021

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. Human Resource Services will be reaching out to you to schedule a meeting regarding your accommodation request and engage in an interactive dialogue.

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Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccine [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

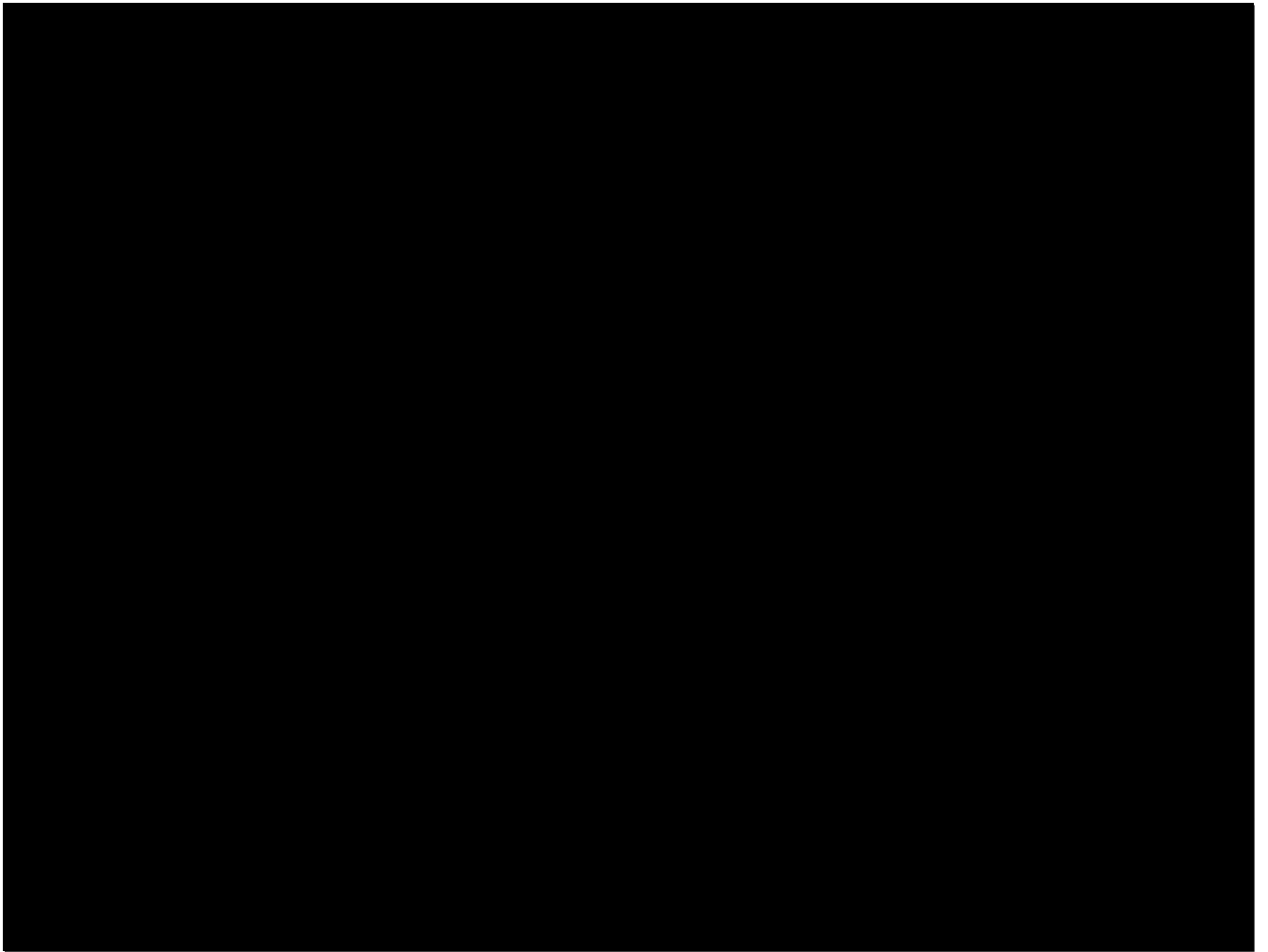
[REDACTED] _____
Date 09/06/2021

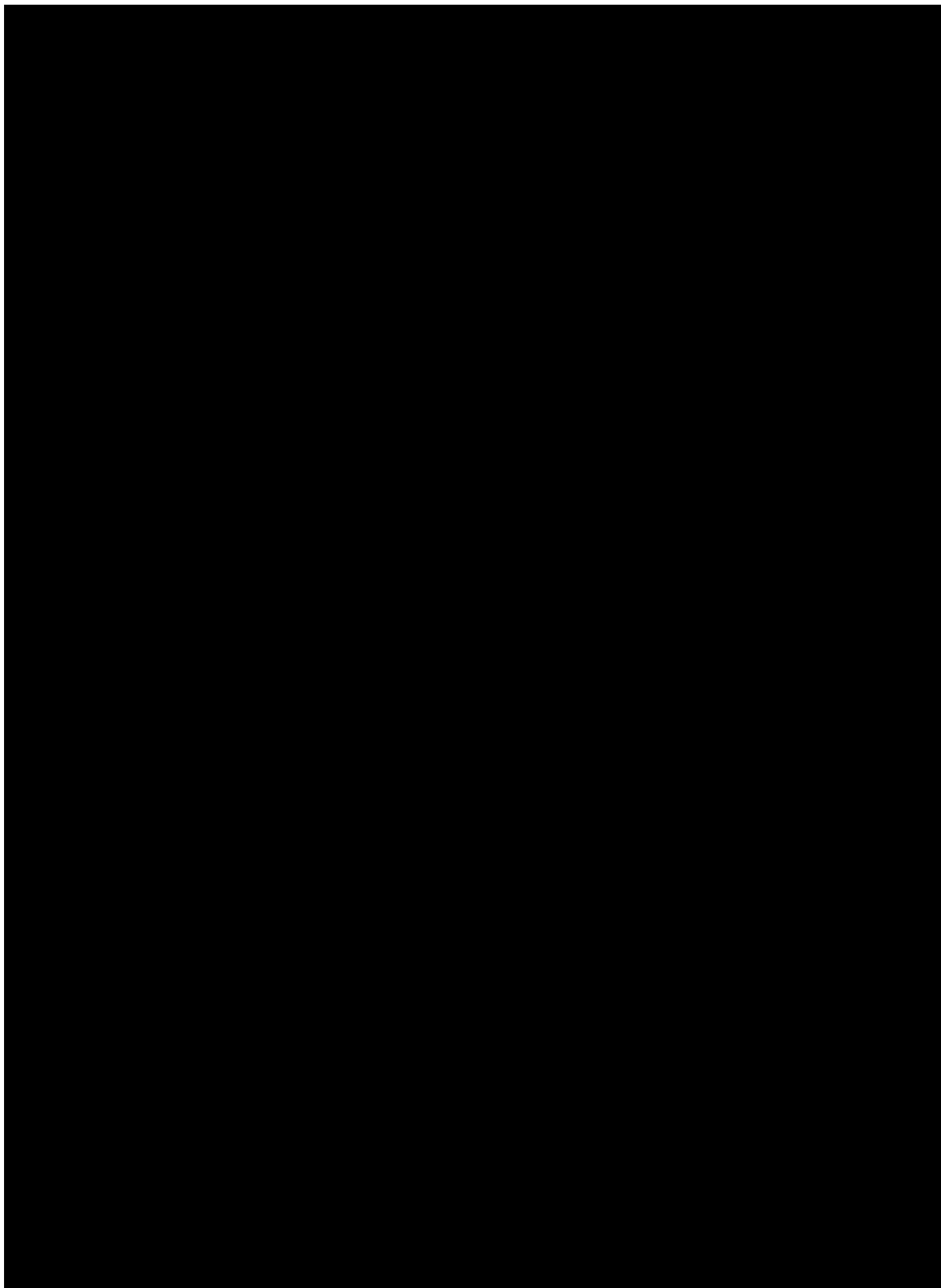
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied





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.

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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

_____s/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: _____

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 from my personnel file.

Employee

Date

9/1/21

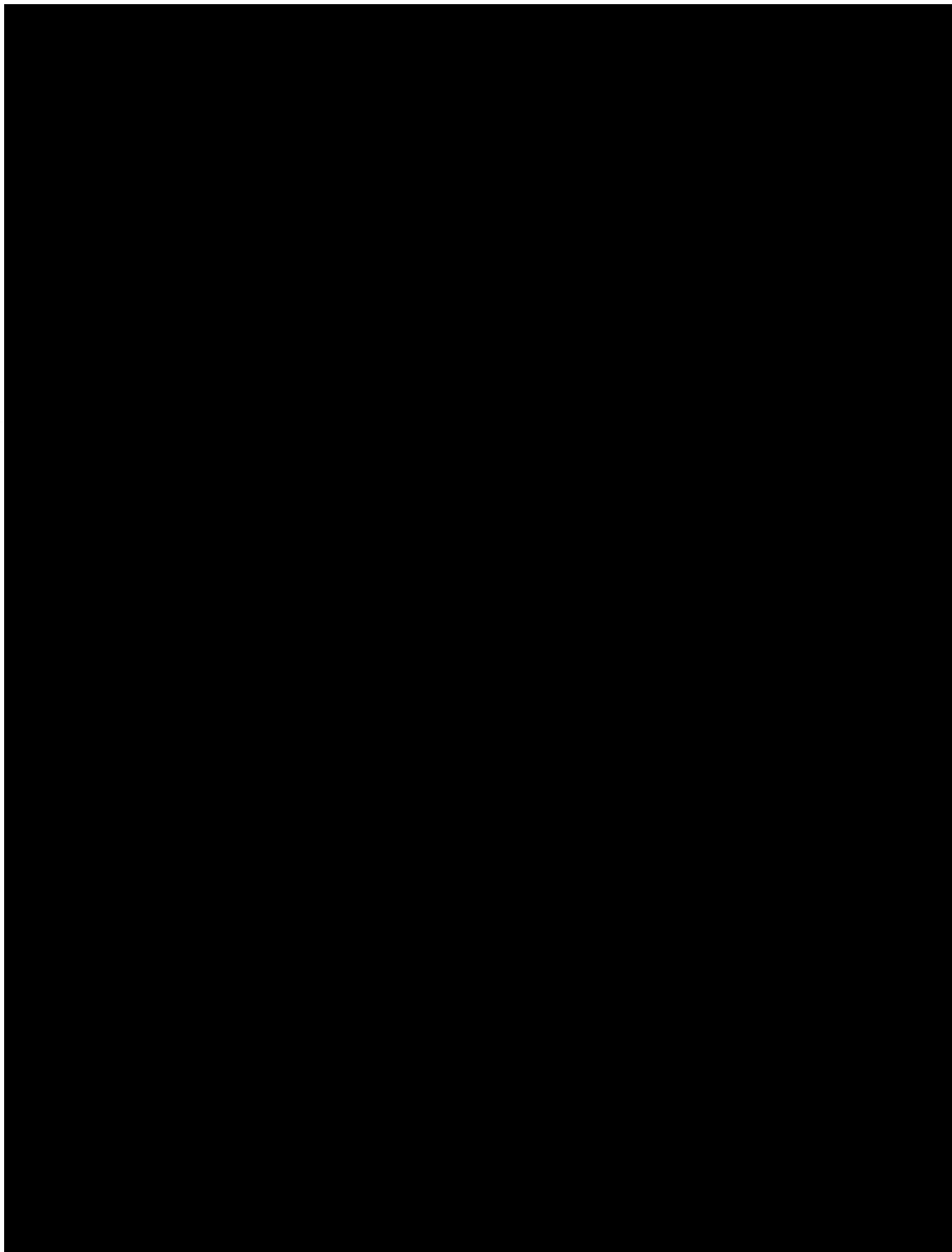
Human Resource Services Review

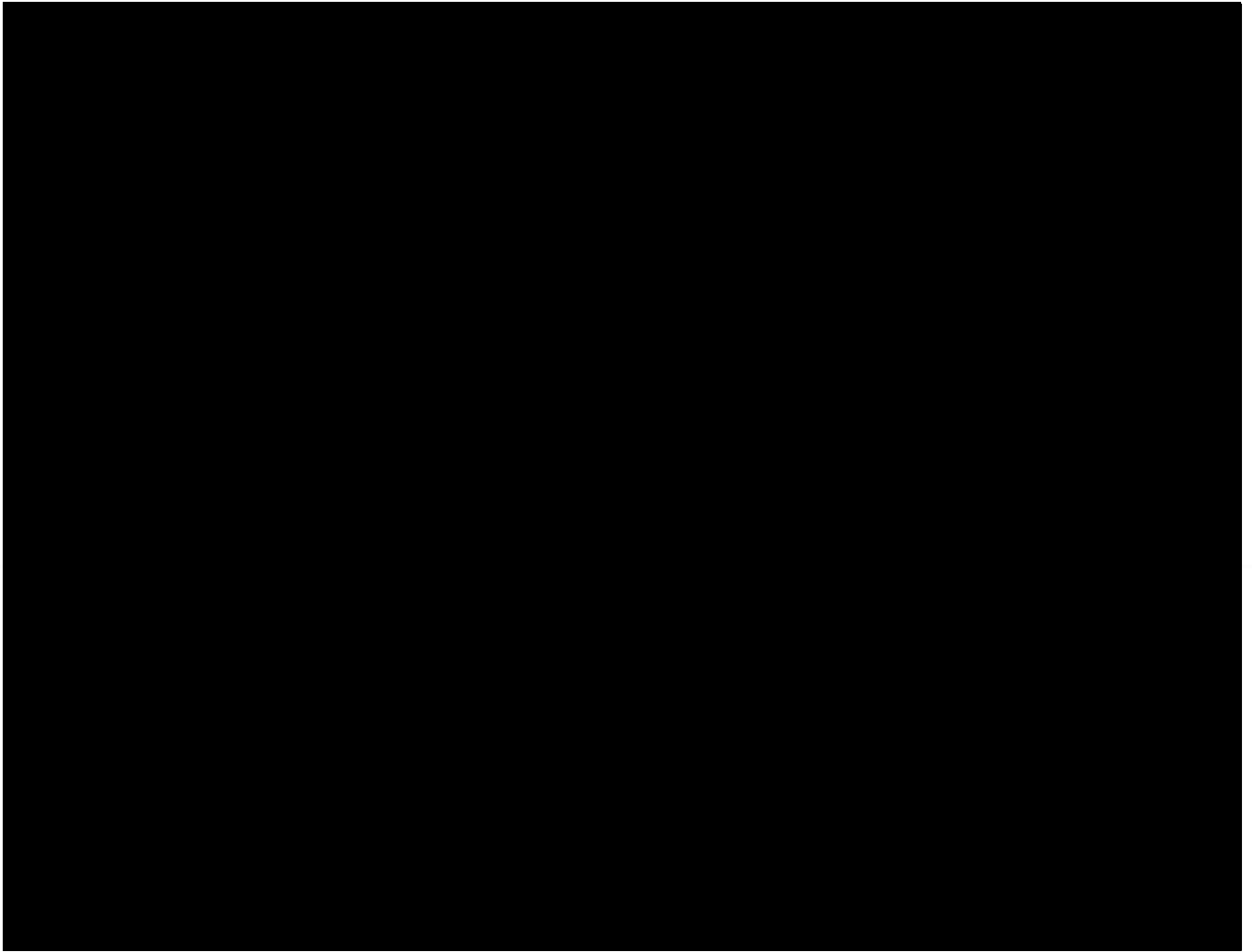
Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP - 8 2021





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.

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 vaccination

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

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 from my personnel file.

8/25/21
Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 8 2021

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.
b.
c.

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 from my personnel file.

9/7/2021
Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED AUG 27 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.

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

[REDACTED] All medical treatment

[REDACTED] All vaccinations

[REDACTED] Only the COVID-19 vaccination

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

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 from my personnel file.

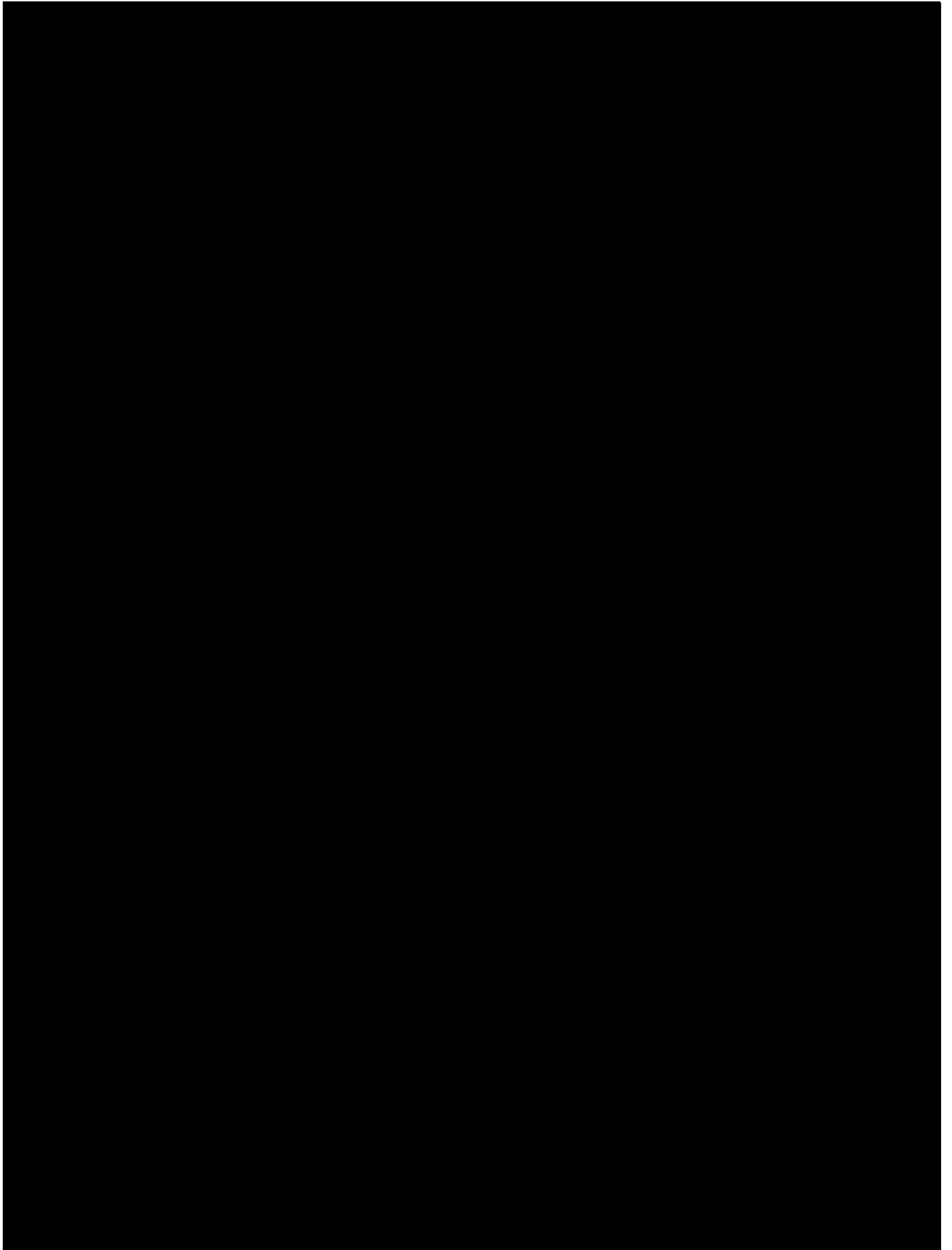
[REDACTED]
Date 8/27/21

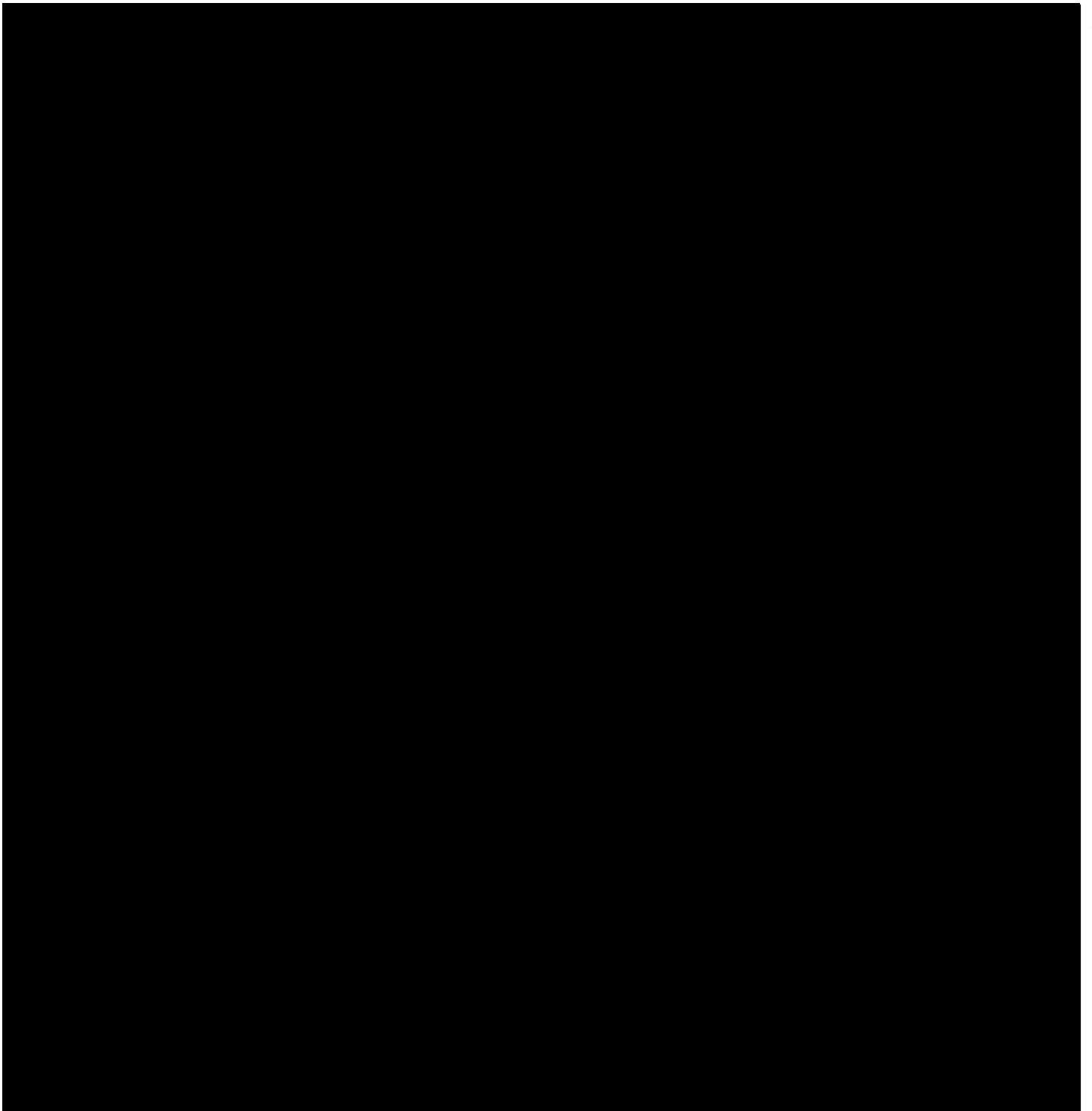
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied





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

RECEIVED AUG 31 2021

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

[REDACTED]

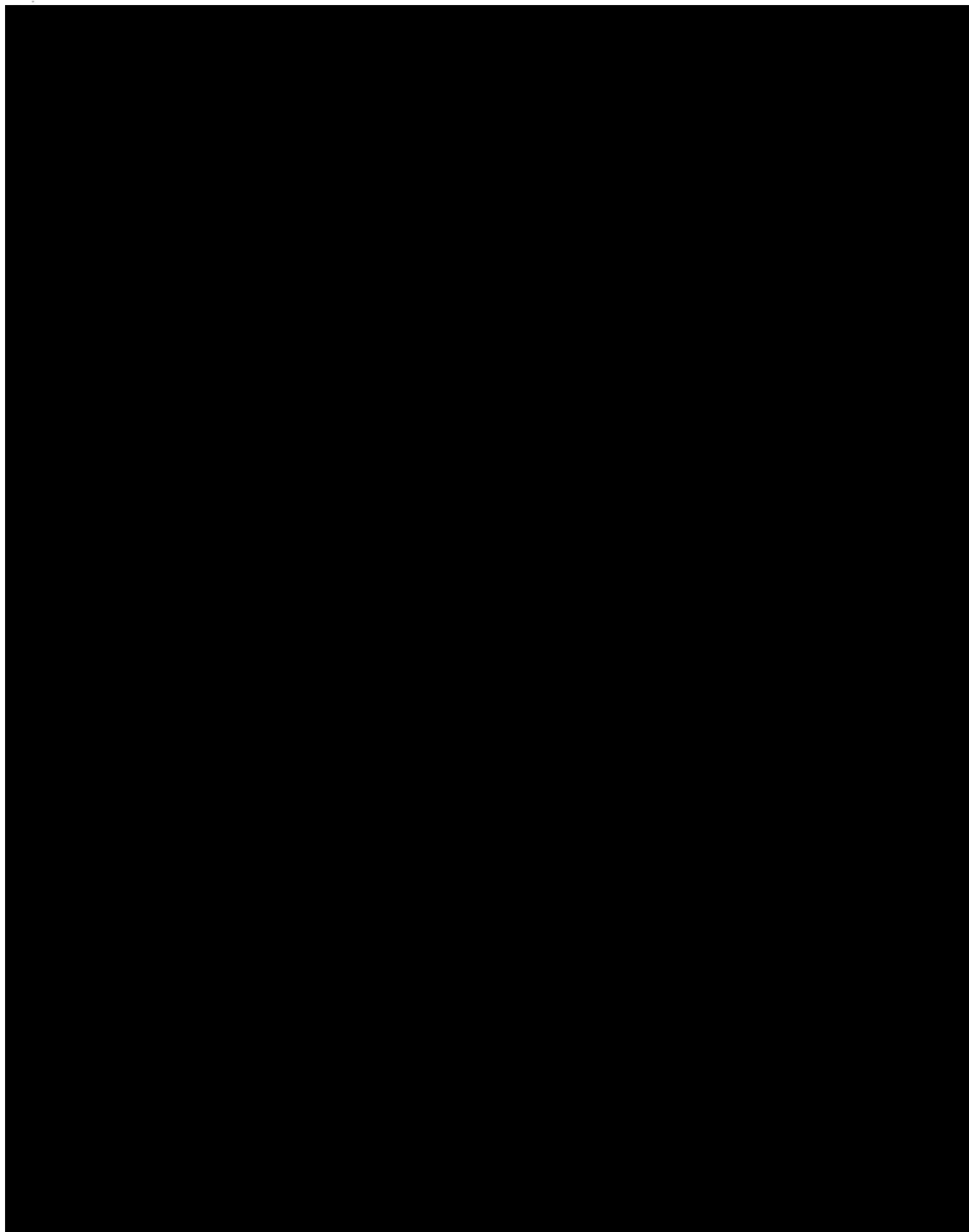
8/31/21
Date

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.

| | | |
|-----------------------|--|--|
| 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 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: [REDACTED]

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 from my personnel file.

Employee [REDACTED]

Date

08/08/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED AUG 30 2021

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

a. All medical treatment – [REDACTED]

c. Only the COVID-19 vaccination [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

Emp [REDACTED]

August 27th, 2021
Date

Human Resource Services Review

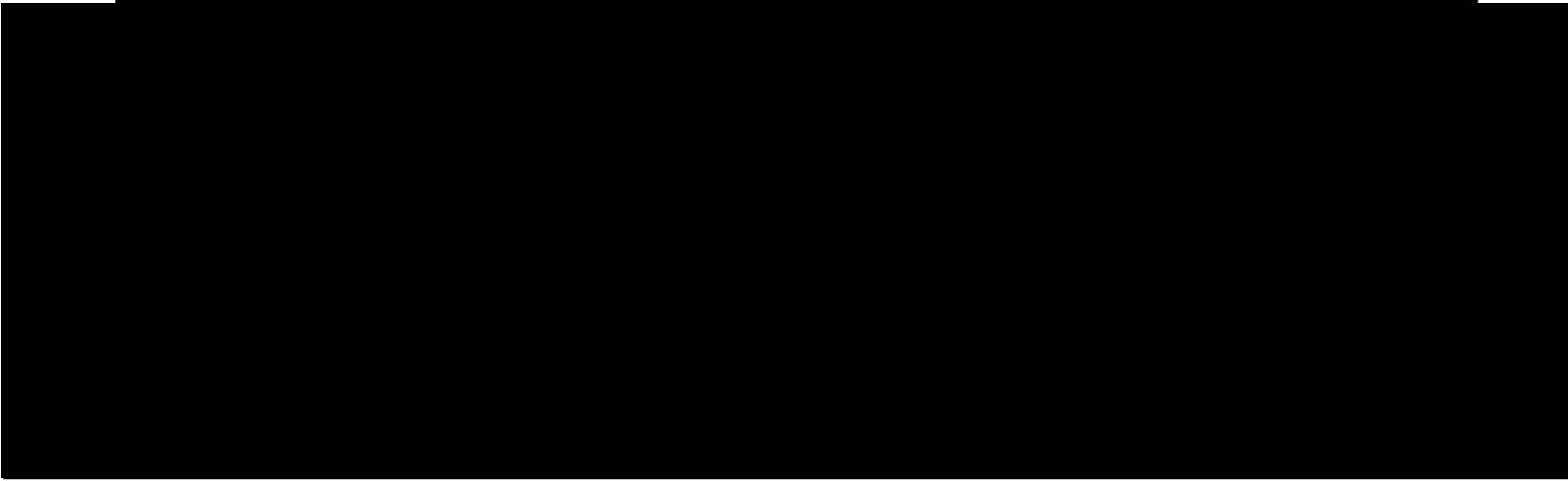
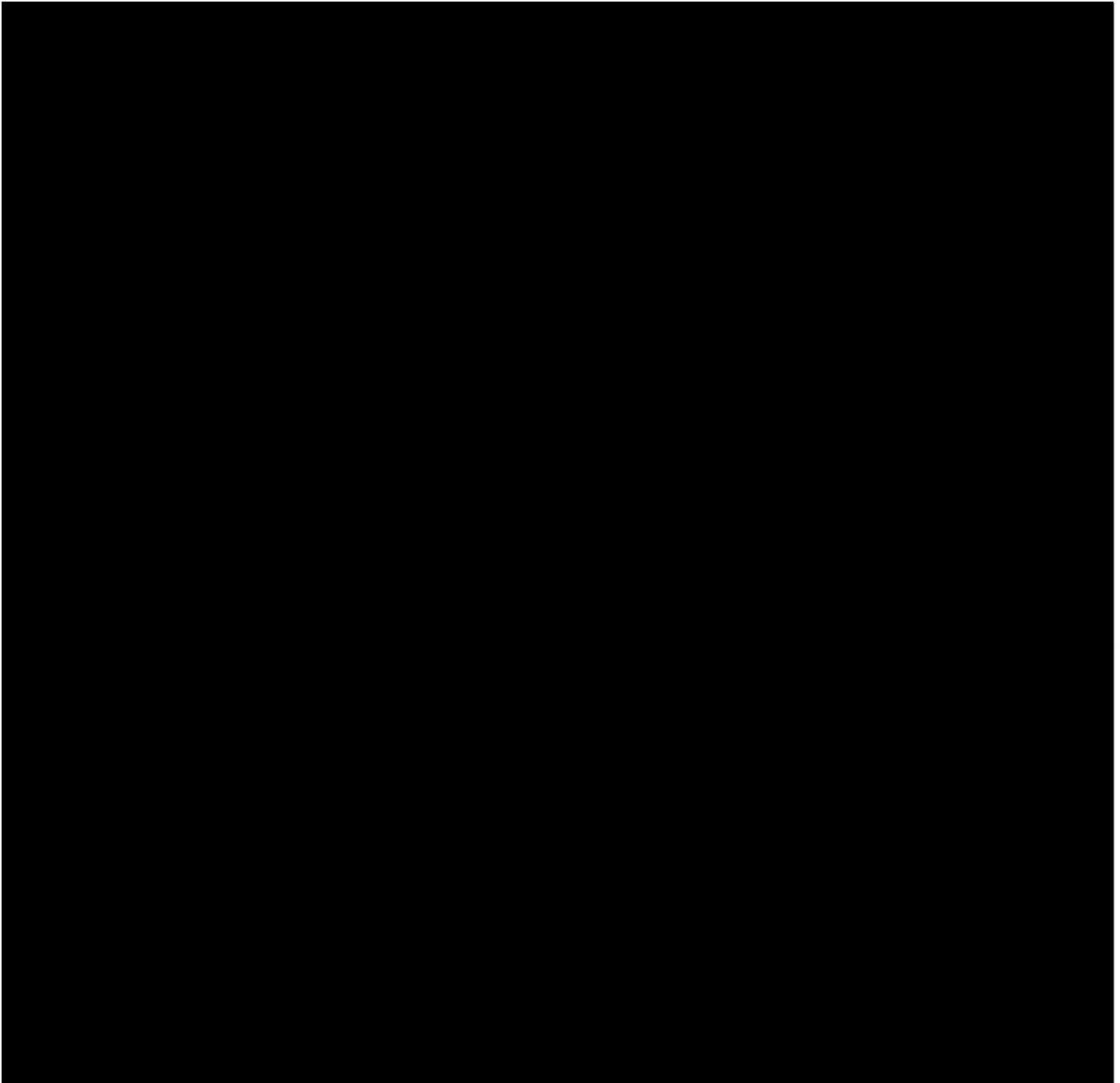
Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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).

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 discusses "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).

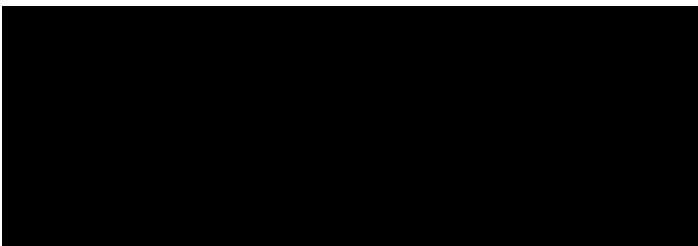
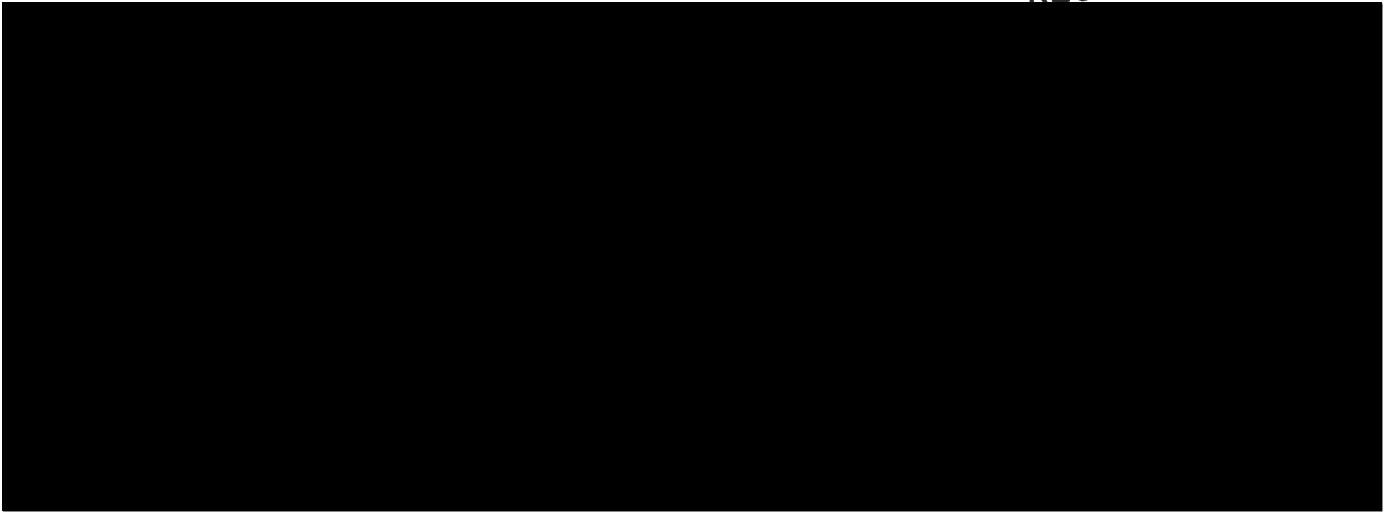
What is required for "Informed Consent"

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.

RECEIVED SEP - 8 2021



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

RECEIVED AUG 26 2021 ✓

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:
- a. All medical treatment – [REDACTED]
 - b. All vaccinations – [REDACTED]
 - c. Only the COVID-19 vaccination [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

Employee Signature: [REDACTED]

Date: 8-25-2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

[REDACTED]

RECEIVED AUG 26 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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Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]
2. Does your religious belief, practice, or observance lead you to object to:
 - a. All medical treatment - [REDACTED]
 - b. All vaccinations [REDACTED]
 - c. Only the COVID-19 vaccination [REDACTED]
3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement [REDACTED]
4. Briefly describe the accommodation you are requesting [REDACTED]
5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from [REDACTED]

Emp [REDACTED]

Date 8/26/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

[REDACTED]

RECEIVED AUG 31 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.

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: | [REDACTED] |
|----------------|------------|

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment – Yes/No [REDACTED]
- b. All vaccinations – Yes/No [REDACTED]
- c. Only the COVID-19 vaccination – Yes/No [REDACTED]

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

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

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 from my personnel file.

[REDACTED]

8/31/21
Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED AUG 27 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.

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

a. All medical treatment – Yes/No

[REDACTED]

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.

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

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 from my personnel file.

[REDACTED]

August 27th 2021
Date

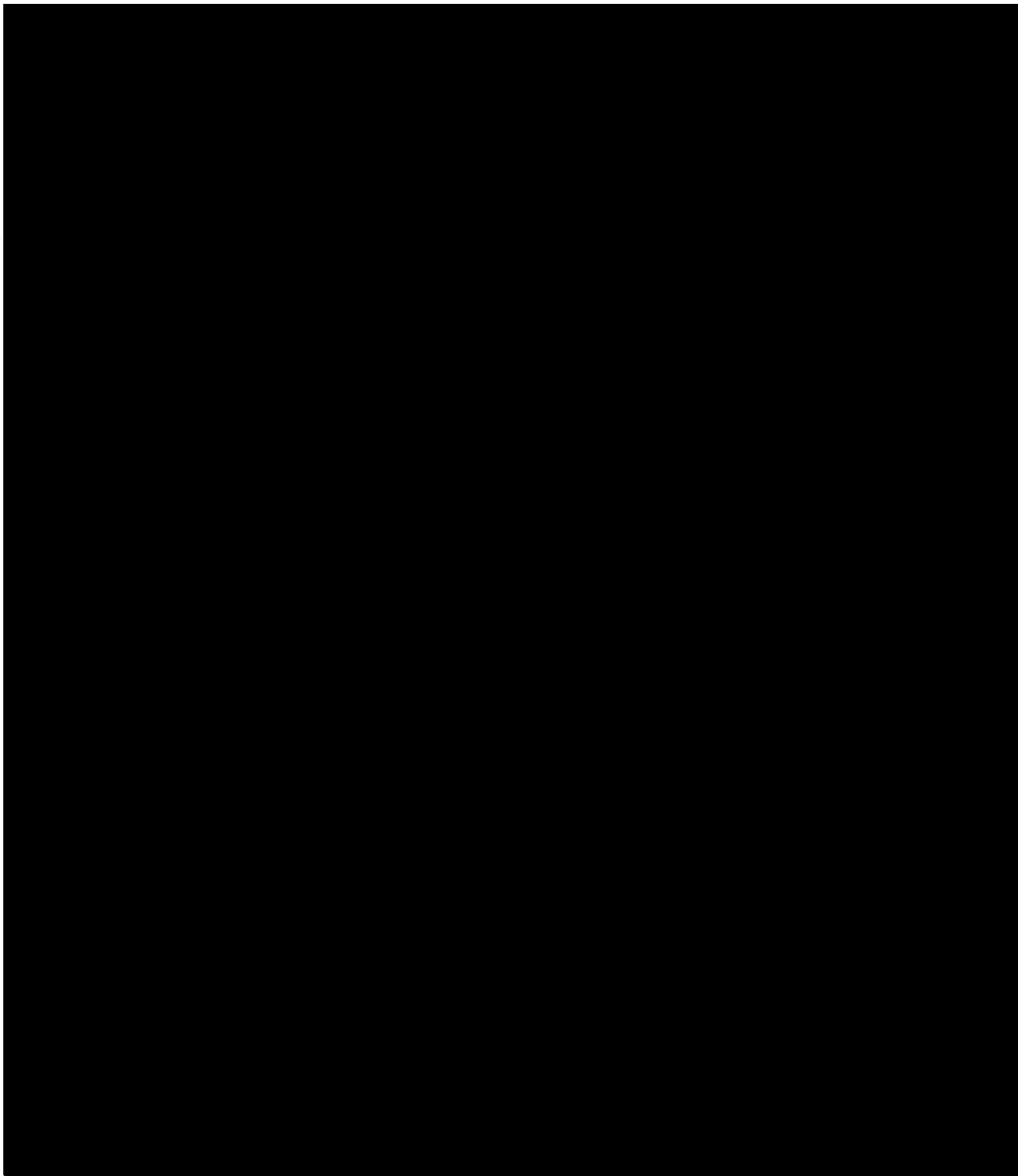
Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

[REDACTED]



RECEIVED SEP - 1 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.

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 – 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:

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 from my personnel file.

Employee Signature

Date

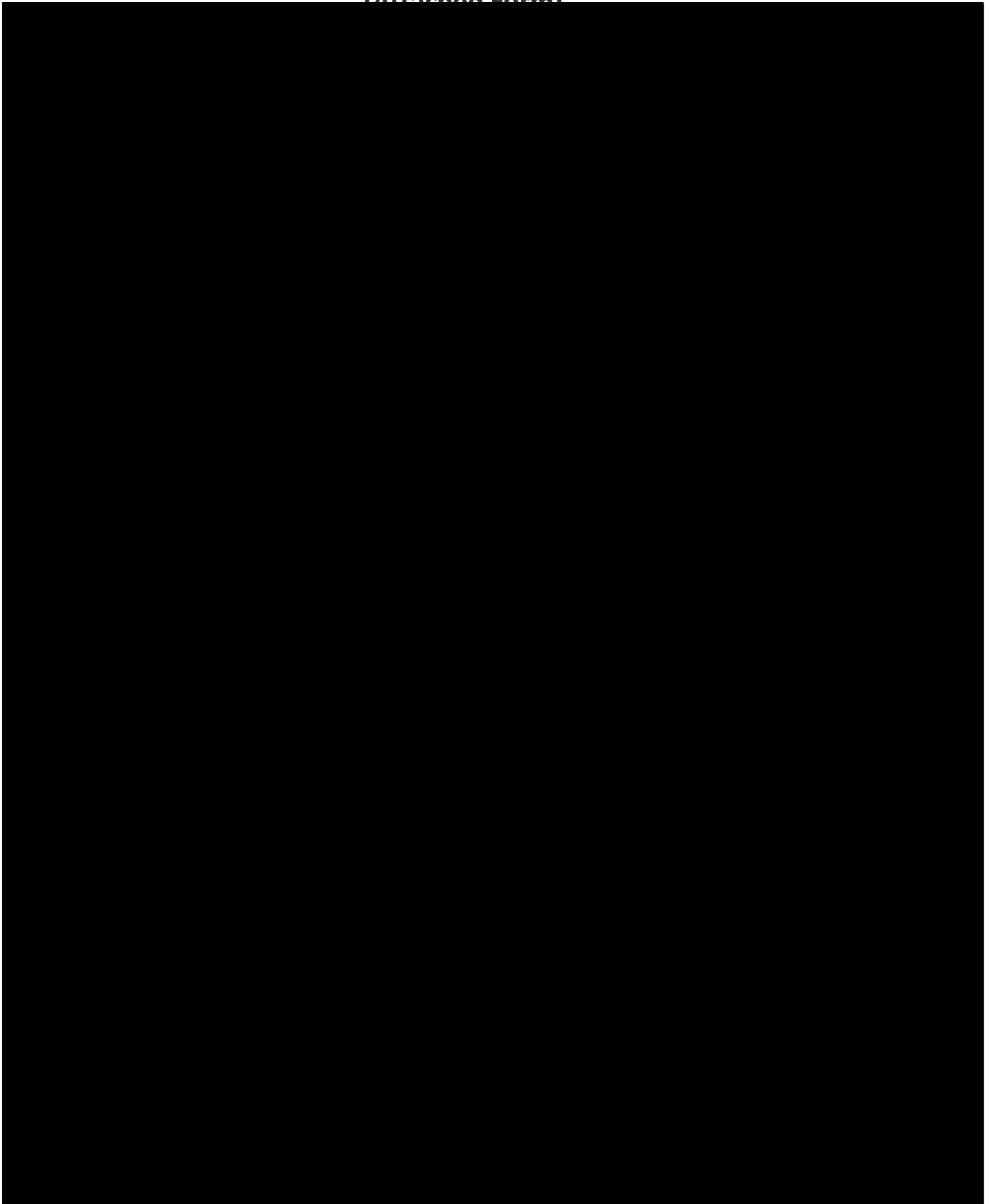
Human Resource Services Review

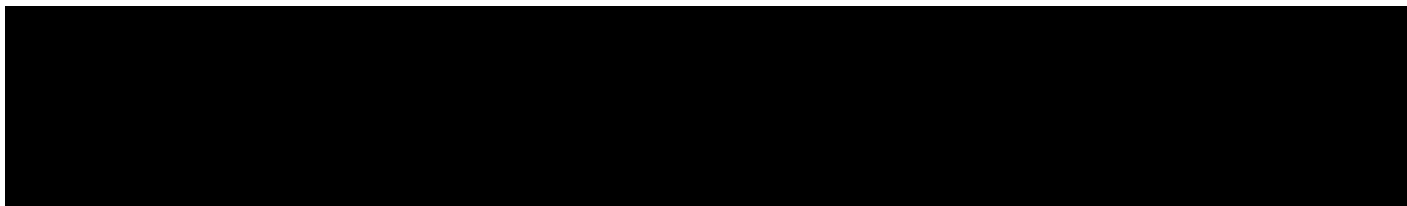
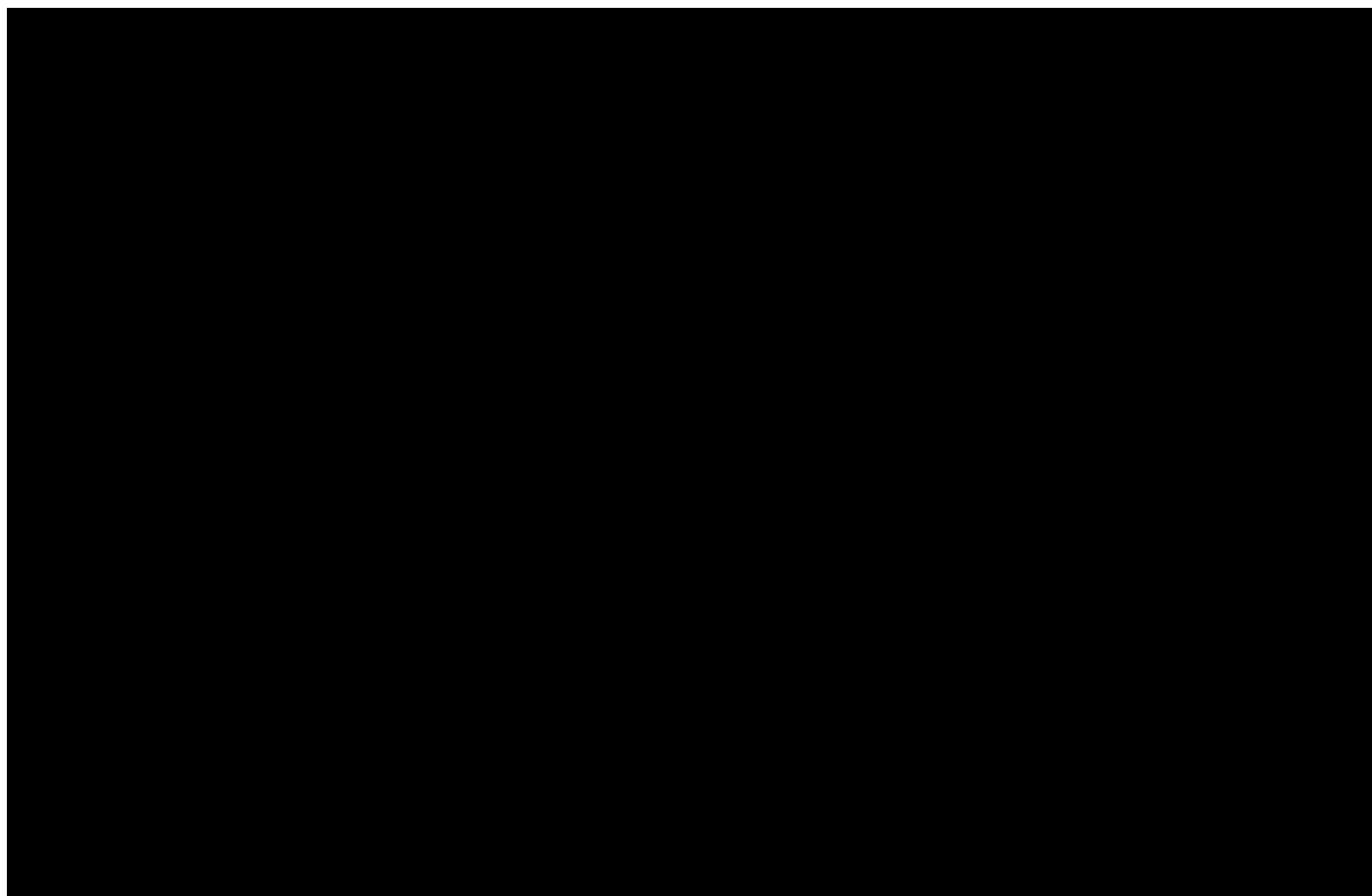
Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

Snohomish School District
Religious Accommodation Request Form-Covid-19 Vaccination
(Attached Form)





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.

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 vaccine

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 from my personnel file.

Employee Signature

Date

9.6.21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 8 2021

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. 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 from my personnel file.

Employee Signature

Date

9/8/21

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

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Employee Name:

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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: _____

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 from my personnel file.

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED AUG 26 2021 ✓

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to: [REDACTED]

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: _____ [REDACTED]

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 from my personnel file.

Employee Signature

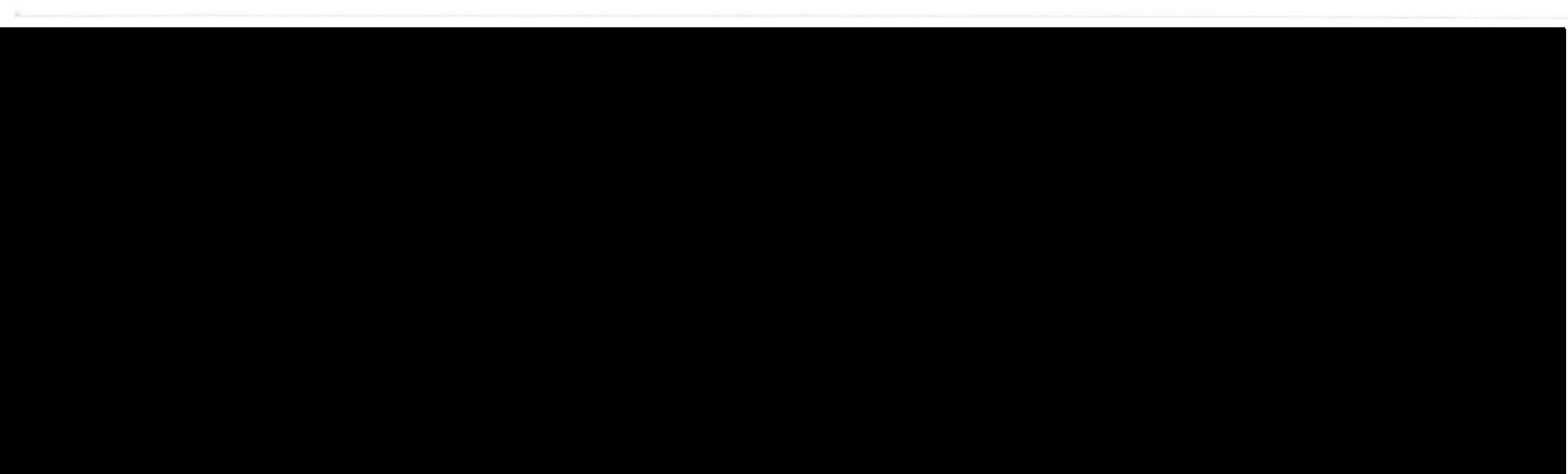
8-26-21
Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied



1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods used to collect and analyze data. It includes a detailed description of the sampling process and the statistical techniques employed to interpret the results.

3. The third part of the document presents the findings of the study. It shows that there is a significant correlation between the variables being studied, which supports the hypothesis that was tested.

4. The fourth part of the document discusses the implications of the findings for future research and practice. It suggests that the results of this study could be used to inform policy decisions and to guide the development of new programs and initiatives.

5. The fifth part of the document provides a conclusion and a summary of the key points. It reiterates the importance of the study and the need for further research in this area.

6. The sixth part of the document includes a list of references to the sources used in the study. It also includes a list of appendices that provide additional information and data.

7. The seventh part of the document is a list of figures and tables that are included in the study. These visual aids help to illustrate the data and make it easier to understand.

8. The eighth part of the document is a list of footnotes that provide additional information and references. It also includes a list of abbreviations that are used throughout the document.

9. The ninth part of the document is a list of acknowledgments that thank the individuals and organizations that provided support and assistance during the study.

10. The tenth part of the document is a list of appendices that provide additional information and data. These appendices are included to provide a more complete picture of the study and its findings.

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

RECEIVED SEP - 8 2021

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 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: _____

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 from my personnel file.

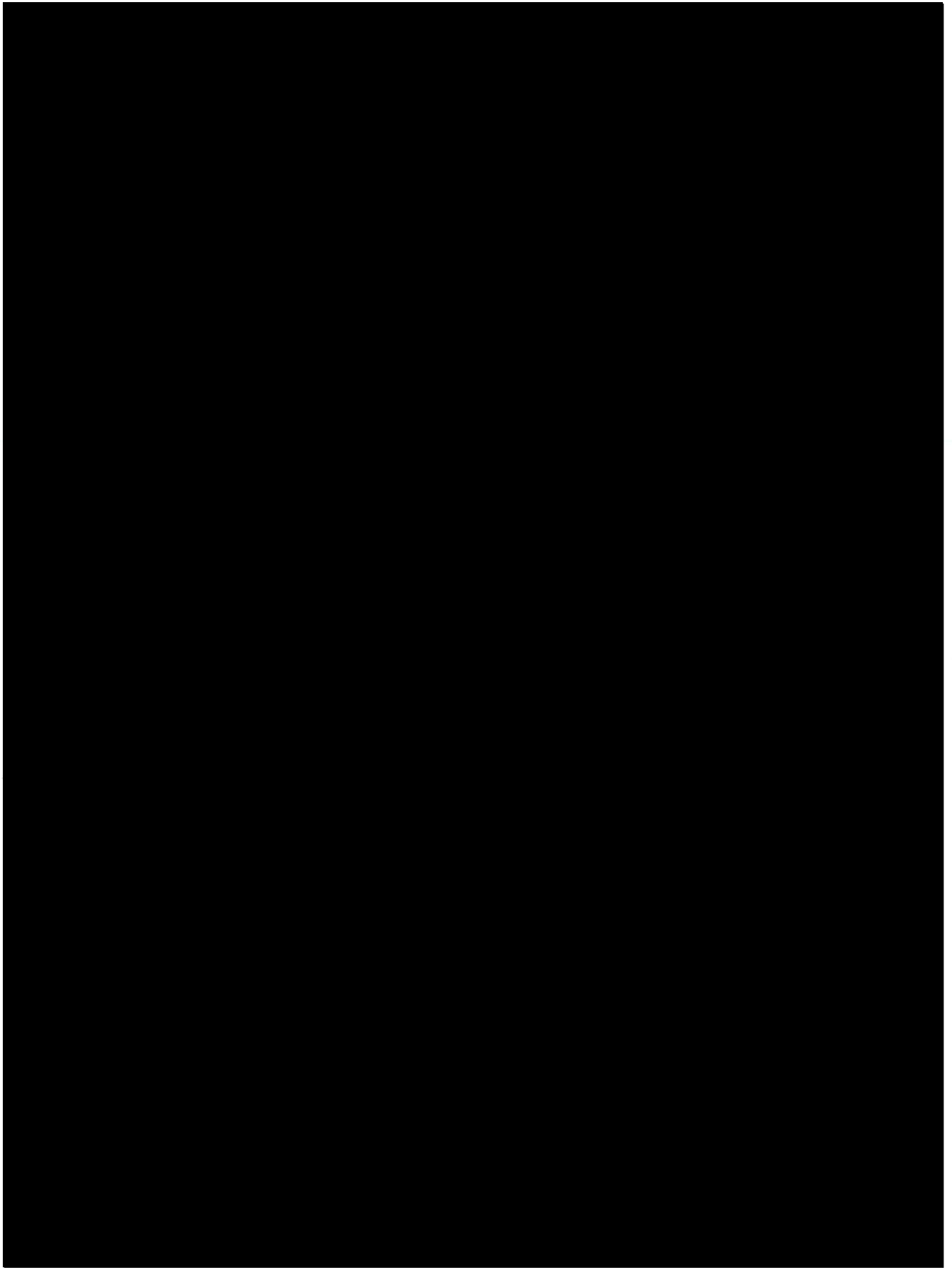
9-3-21
Date

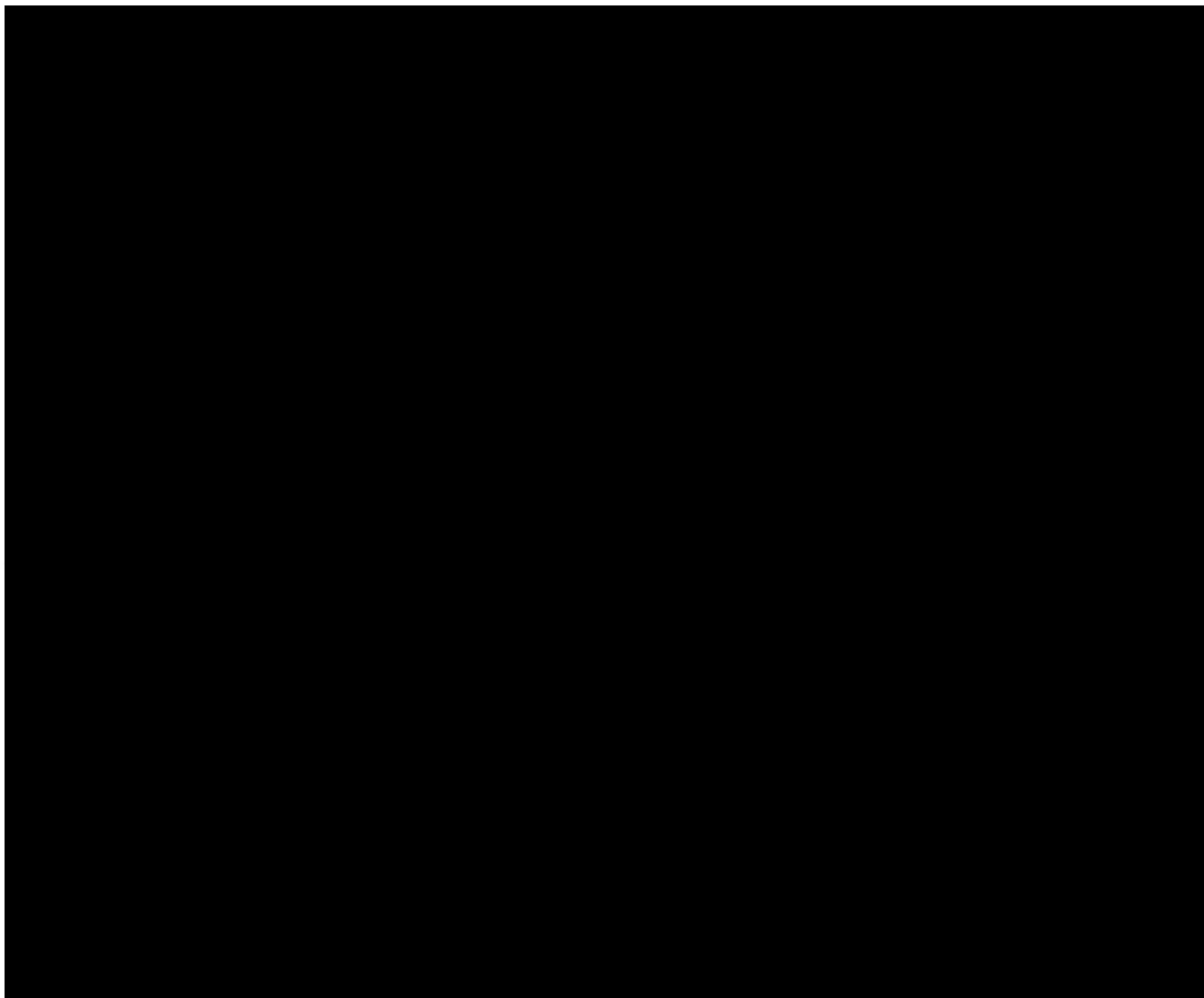
Human Resource Services Review

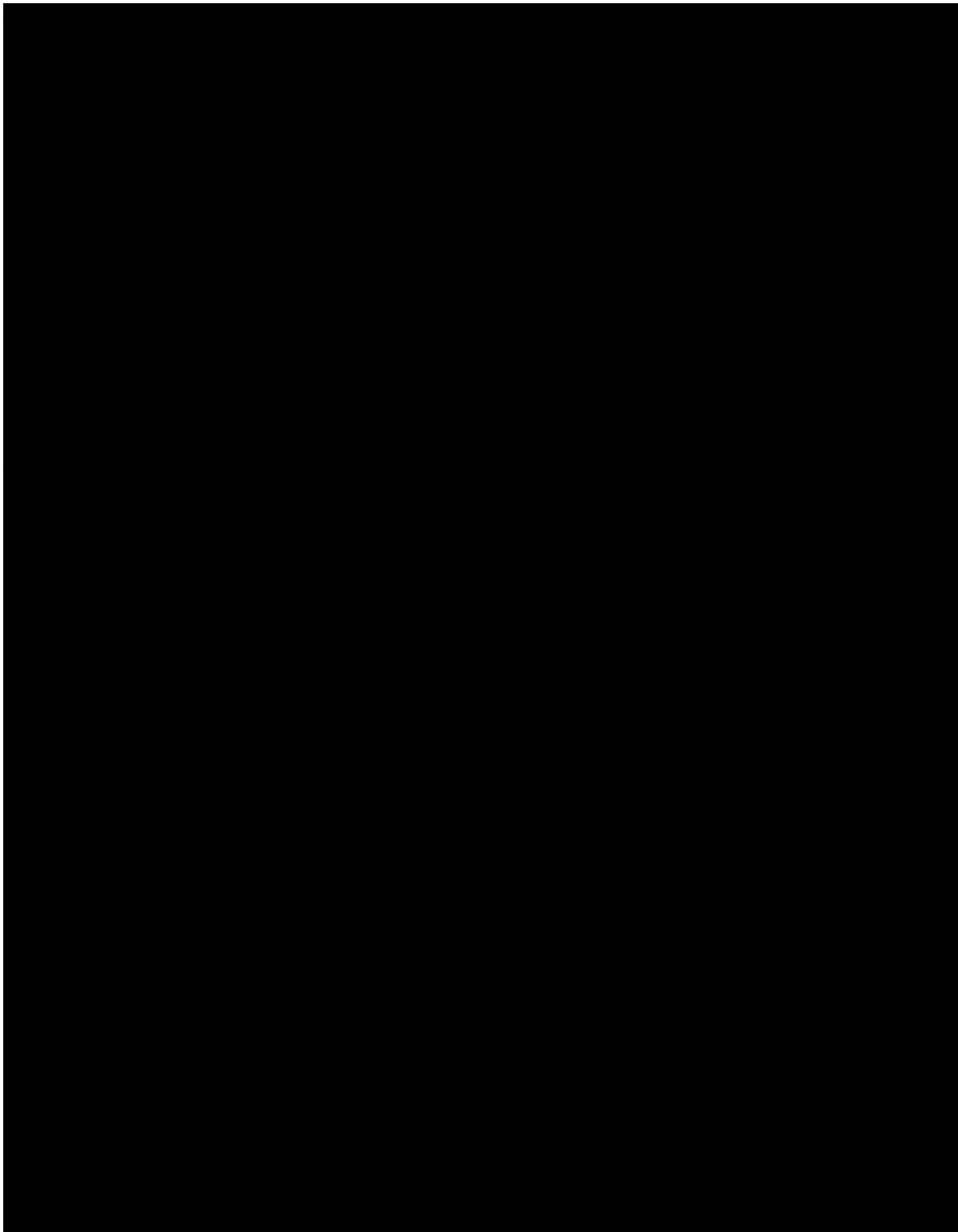
Reviewed By: _____

Date: _____

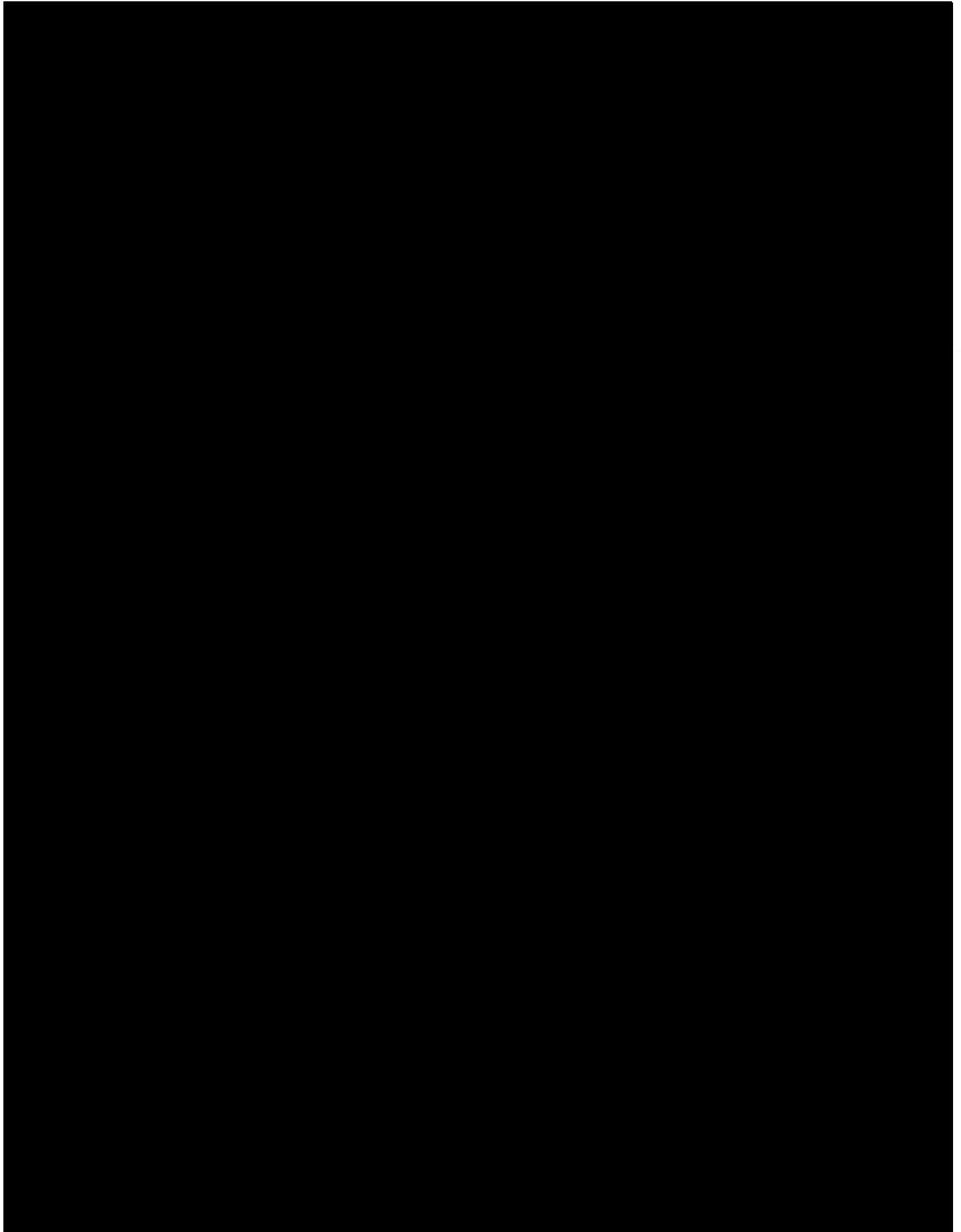
Accommodation Request (circle one) – Approved / Denied







AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS



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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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 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: _____

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 from my personnel file.

Employee

Date

September 1, 2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 7 2021

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 vaccine

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 from my personnel file.

Date Sept. 7, 2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 7 2021

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:

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- 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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Date

9/8/21

Human Resource Services Review

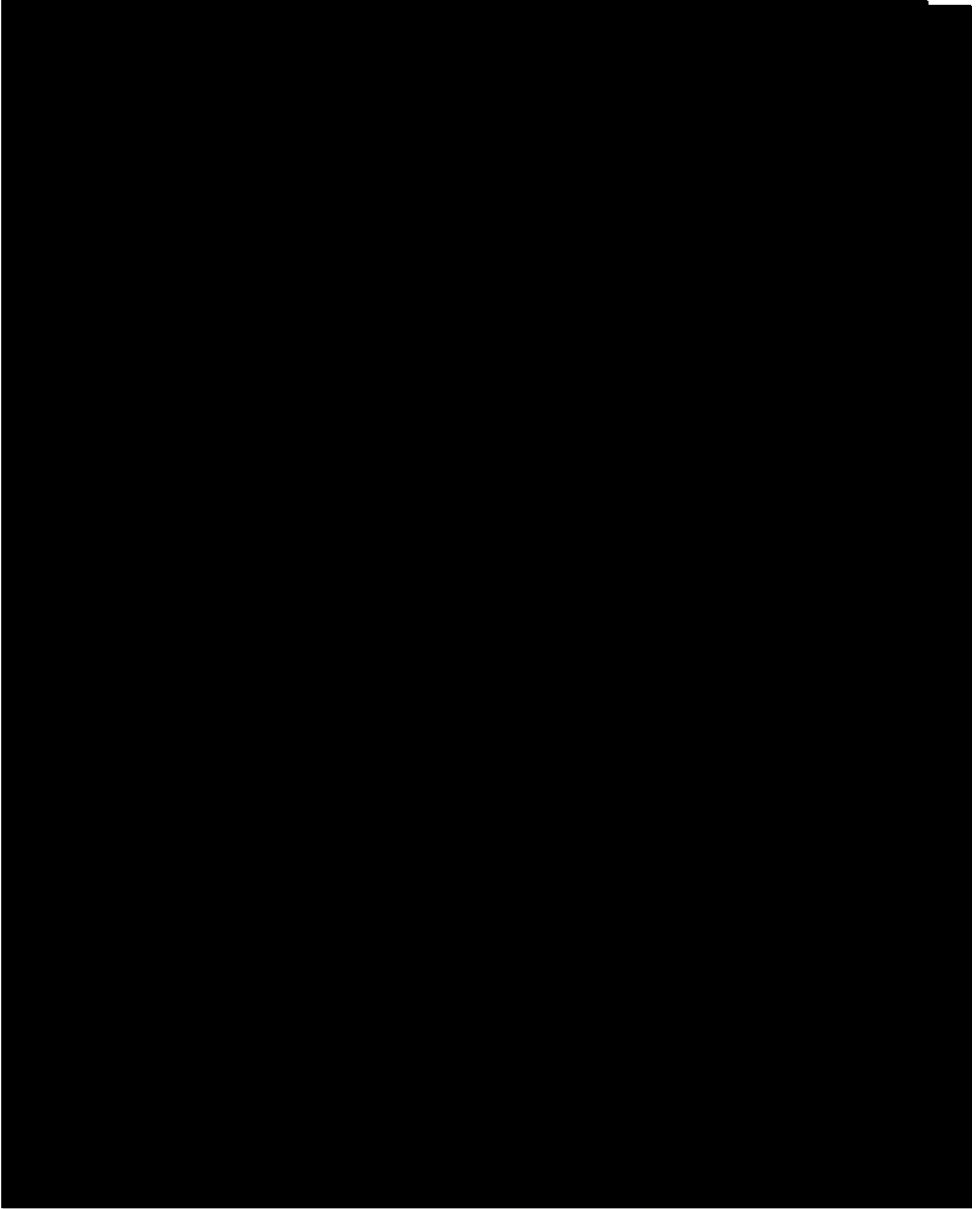
Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP - 8 2021

Statement of Declination of COVID-19 Vaccine Product



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.

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:
- a. All medical treatment [REDACTED]
 - b. All vaccinations [REDACTED]
 - c. Only the COVID-19 vaccination [REDACTED]

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

4. Briefly describe the accommodation you are requesting [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

[REDACTED] _____
Date 9/7/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED AUG 31 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.

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.

[REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

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 from [REDACTED]

Employee _____

Date

8-30-21

Human Resource Services Review

Reviewed

By:

Date:

Accommodation Request (circle one) – Approved / Denied

[REDACTED]

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.

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 – 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: _____

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 from my personnel file.

Date

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED OCT - 2 2021

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment [REDACTED]
- b. All vaccinations [REDACTED]
- c. Only the COVID-19 vaccination [REDACTED]

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

4. Briefly describe the accommodation you are requesting. [REDACTED]

5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed: [REDACTED]

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 from my personnel file.

Employee Signature: [REDACTED]

Date: 9/8/21

Human Resource Services Review

Reviewed By: _____ Date: _____

Accommodation Request (circle one) – Appro **97 %** ied

RECEIVED SEP 13 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.

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: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation. [REDACTED]

2. Does your religious belief, practice, or observance lead you to object to:

All medical treatment – Yes/No

All vaccinations – Yes/No

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. [REDACTED]

4. Briefly describe the accommodation you are requesting. [REDACTED]

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 from my personnel file.

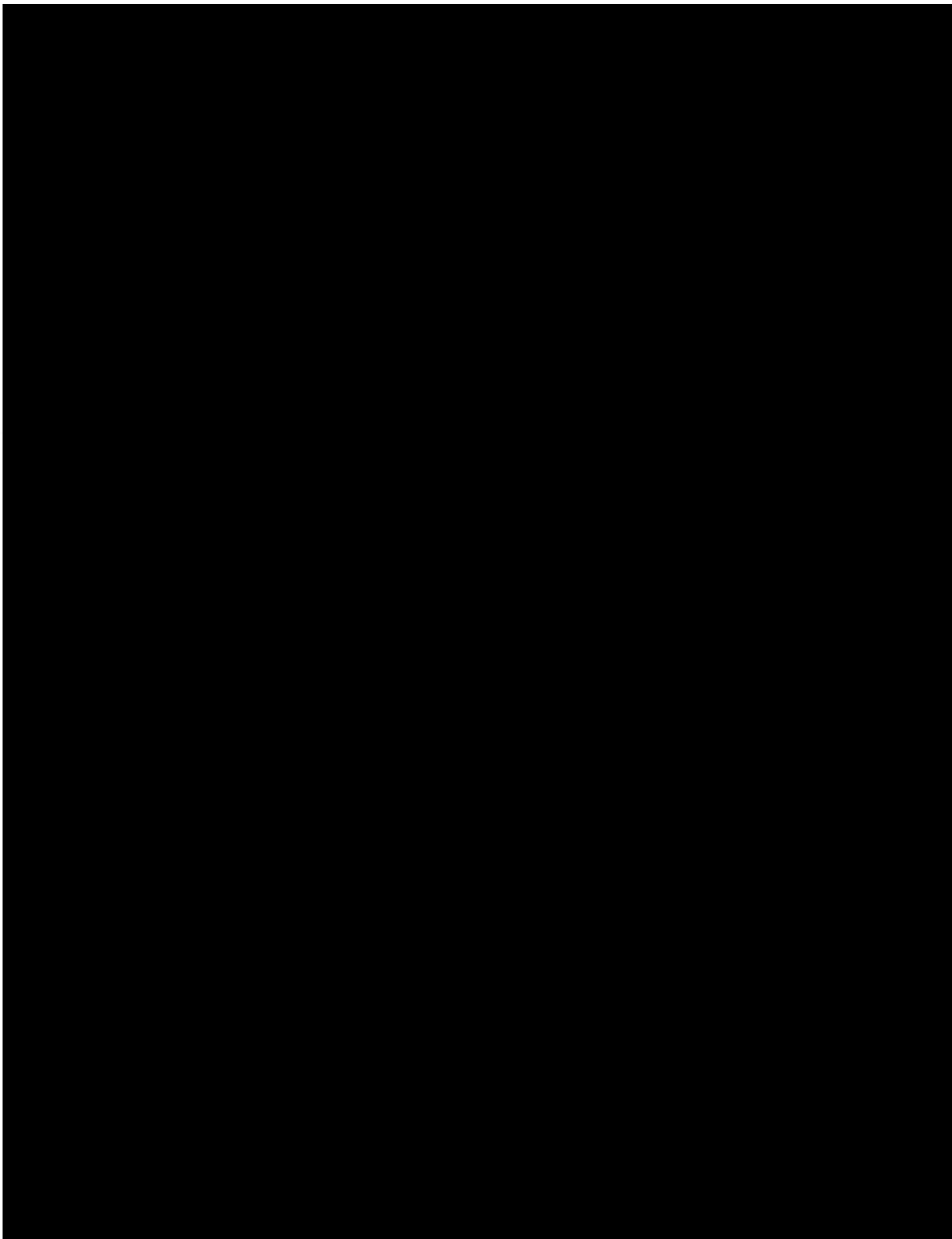
Date: Sept 10th 2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied



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

RECEIVED SEP - 8 2021

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 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: _____

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 from my personnel file.

Employee

Date

9/8/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 7 2021

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 vaccine

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 from my personnel file.

Employee Signature

September 6, 2021

Date

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.

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 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: _____

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 from my personnel file.

Date

8/29/21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED SEP - 8 2021

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.

[Redacted]

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

[Redacted]

[Redacted]

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

[Redacted]

4. Briefly describe the accommodation you are requesting

[Redacted]

[Redacted]

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 from my personnel file.

[Redacted Signature]

9-7-2021
Date

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.

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 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: _____

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 from my personnel file.

Date

10/5/2021

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED OCT 15 2021

SNOHOMISH
RELIGIOUS ACCOMMODATION REQUEST

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.

Employee Name: [REDACTED]

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

[REDACTED]

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.

[REDACTED]

4. Briefly describe the accommodation you are requesting.

[REDACTED]

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 from [REDACTED]

Employee [REDACTED]

Date 10/14/2021

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.

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 vaccine

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 from my personnel file.

Employee Signature

Date

10-13-21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

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

RECEIVED OCT 14 2021

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.

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. 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 from my personnel file.

Date 10/12/21

Human Resource Services Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied



Certificate of Exemption—Personal/Religious



[Redacted Content]

SNOHOMISH AQUATIC CENTER RECEIVED SEP 17 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.

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 vaccine _____

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 from my personnel file.

Em

Date

9/16/21

Snohomish Aquatic Center Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

SNOHOMISH AQUATIC CENTER
RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

RECEIVED SEP 24 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.

Employee Name: _____

1. Below, describe the religious belief, practice, or observance that is the basis for your request for 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 vaccine _____

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

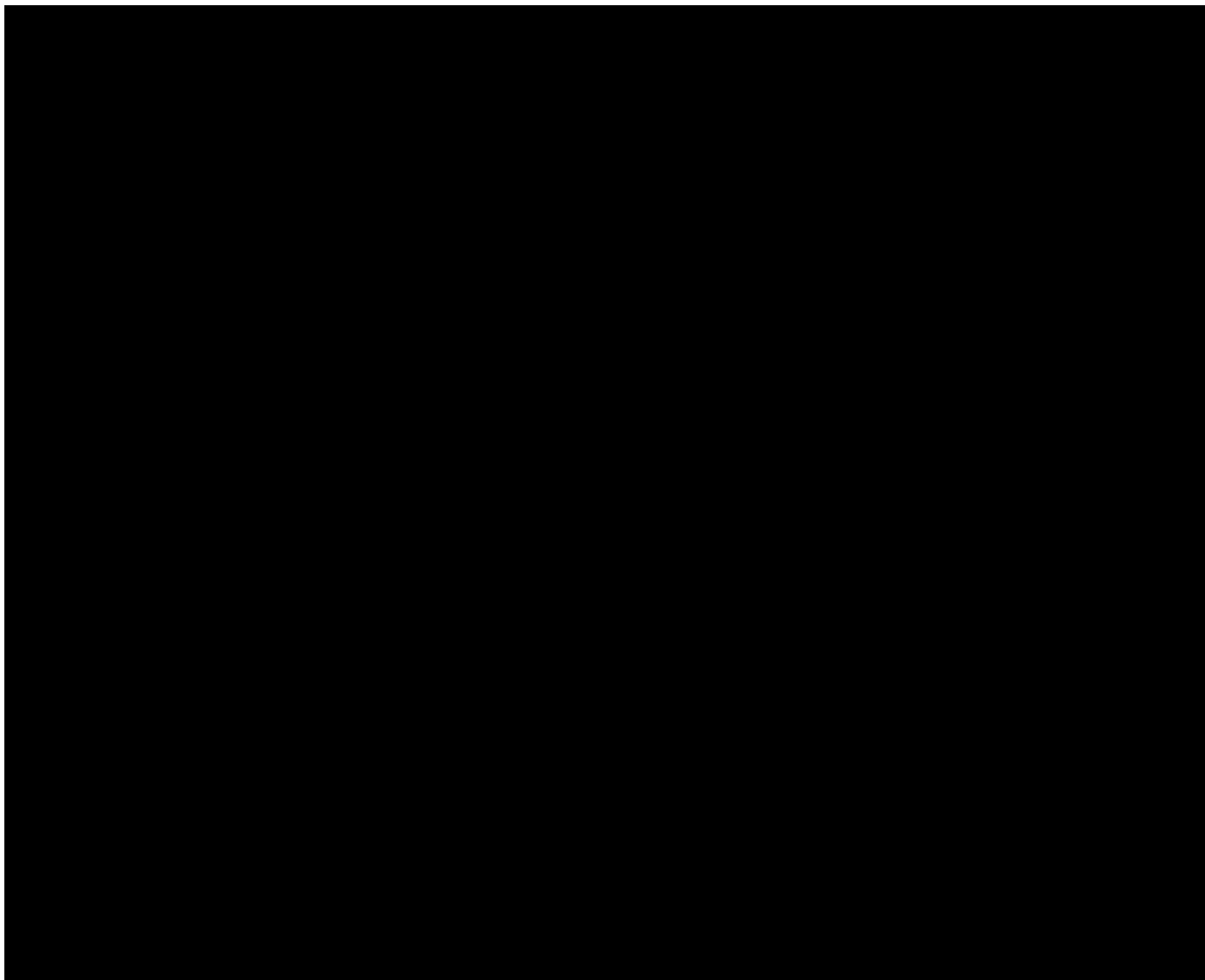
Date

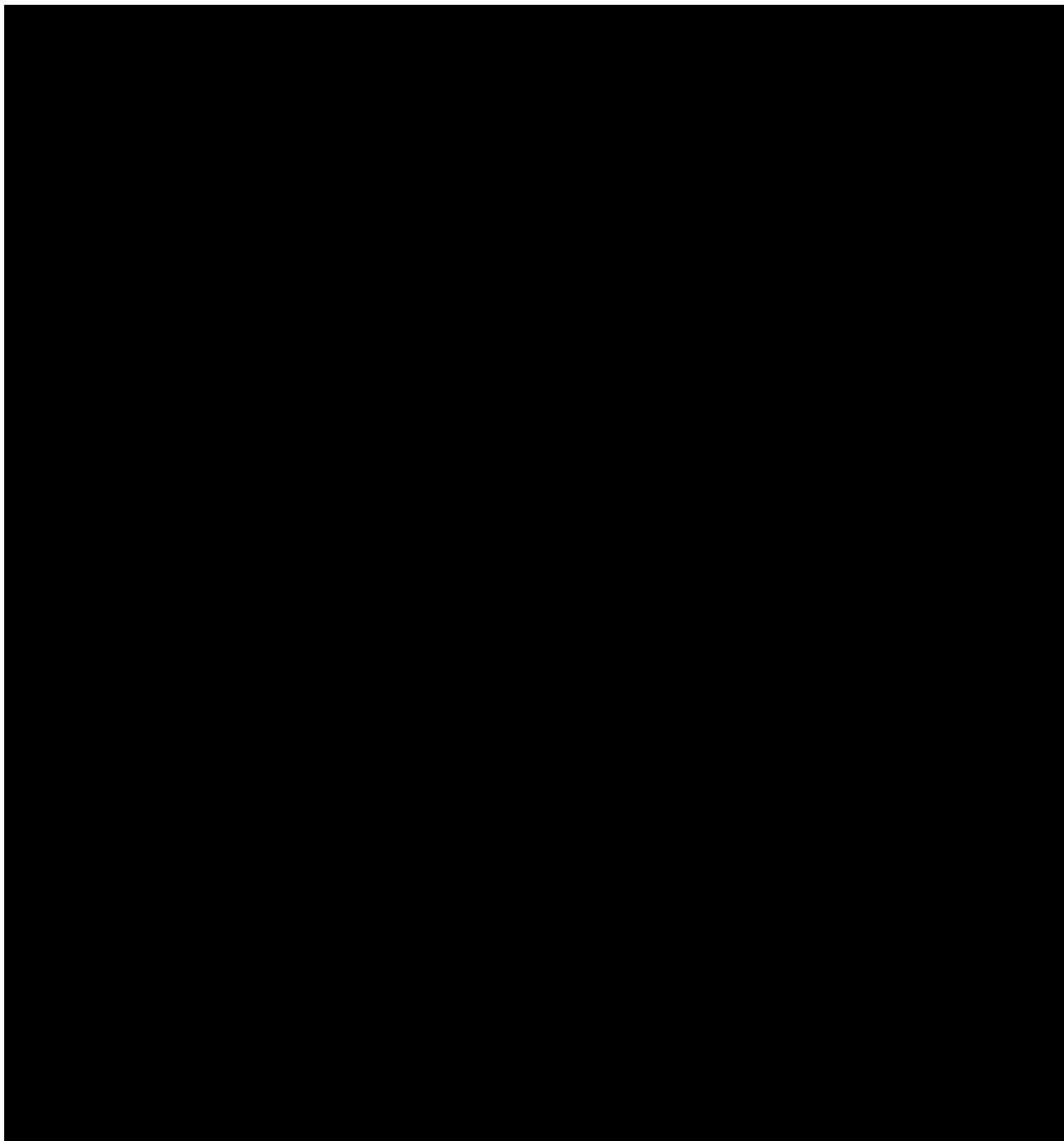
Snohomish Aquatic Center Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied







SNOHOMISH AQUATIC CENTER
RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

RECEIVED SEP 15 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.

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 vaccine

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 from my personnel file.

Employee Signature

Date

9/14/21

Snohomish Aquatic Center Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

SNOHOMISH AQUATIC CENTER
RELIGIOUS ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

RECEIVED SEP 30 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.

Employee Name:

1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

2. [REDACTED] 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: _____

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 from my personnel file.

Date

Snohomish Aquatic Center Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied

RECEIVED SEP 20 2021

SNOHOMISH AQUATIC CENTER
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.

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 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: _____

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 from my personnel file.

Em

Date

9-19-21

Snohomish Aquatic Center Review

Reviewed By: _____

Date: _____

Accommodation Request (circle one) – Approved / Denied