



# Chabot-Las Positas Community College District

7600 Dublin Blvd. 3<sup>rd</sup> Floor, Dublin CA 94568

## Student Form

### RELIGIOUS ACCOMMODATION REQUEST FORM FOR COVID-19 VACCINATION

The Chabot-Las Positas Community College District affords equal educational and employment opportunity for all students and for all qualified employees, applicants, and volunteers as to all terms of employment and prohibits discrimination against students, employees, applicants, and volunteers based on classifications protected by law, including, but not limited to, religion, creed, and religious belief, practice, or observance. Accordingly, the District provides reasonable accommodations for students, applicants, employees, and volunteers who's sincerely held religious belief, practice, or observance conflicts with an educational or employment requirement, unless providing a reasonable accommodation would result in undue hardship on the conduct of the District's operations.

To promote a safe and healthful workplace for employees and volunteers, and to promote the health and safety of students, employees, and volunteers working and learning on the District's campus and facilities, and members of the community, the District requires that all students participating in programs and courses in-person on-campus receive a COVID-19 vaccination in order to be physically present on District premises, participate in District activities for an extended amount of time, or be inside a District building or office. Students may use this form to request a religious accommodation if they have a sincerely held religious belief, practice, or observance that conflicts with the District's Board Policy 5211 that such students receive a COVID-19 vaccination. The District will consider requests for exemptions for sincerely held religious beliefs on an individual basis. Exemptions will not be approved based on a purely personal preference to not take the COVID-19 vaccine. Opposition to the COVID-19 vaccine due to medical beliefs does not constitute a conflict with the vaccination requirement based on your sincerely held religious belief.

Student to complete the following information:

#### Section A: General Information

Student's Name: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

Student's email: \_\_\_\_\_

Student's Student ID Number: \_\_\_\_\_

#### On-Campus In-Person Courses I intend to register for:

Course	Description

Course	Description

Student Religious Accommodation Request Form  
Chabot Las Positas Community College District

**Section B: General Position and College Information**

Please check all that currently apply to you:

- I am a District student engaged in learning on-campus
- I interact with students, other employees, visitors, or members of the public while participating in the instructional program or class(es)
- I perform work in shared or communal spaces or areas where students, other employees, visitors, or members of the public may also be present.

**Section C: Description of Religious Belief, Practice, or Observance**

Please describe your sincerely held religious beliefs, practices, or observances that conflicts with the requirement that you receive a COVID-19 vaccination:

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Does your sincerely held religious belief have formal services, ceremonial functions, and observation of holidays? Please describe below:

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How have you applied your sincerely held religious beliefs about vaccines and preventive medicine in other contexts? Please describe below:

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If you have requested religious accommodations to the District before, please state the nature of the request, the approximate date the request was made, and the outcome of the request:

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Student Religious Accommodation Request Form  
Chabot Las Positas Community College District

**Section D: Requested Accommodation**

Please describe the accommodation\* you are requesting. \*\*

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*\* For students, reasonable academic adjustments include but are not limited to online learning or hybrid learning to the extent practicable or increased mitigation measures, such as the use of an N95 mask and weekly COVID-19 testing where distance learning is not practicable.*

*\*\* Please note that the District will consider your preferred accommodation and other possible accommodations that would resolve the conflict between your religious beliefs, practices, or observances and will select, approve, and implement the accommodation that it deems effective.*

In some cases, the District will need to obtain documentation or other authority in support of your accommodation request. This may include documentation from your religious or spiritual leader.

If requested, can you provide documentation to support your sincerely held religious belief and need for an accommodation?

- YES
- NO

My signature below indicates that the information I have provided in this form accurately reflects my sincerely held religious beliefs, practices, or observances and its conflict with the District's requirement that students participating in identified programs/classes receive a COVID-19 vaccination. I also understand that in evaluating my request for an accommodation, the District may require me to provide additional supporting documentation and may not grant my request if it creates an undue hardship on the conduct of the District's operations. I understand that the District is relying on the information in this request to manage the health and safety of the District's employees, students and community. If the District determines that I have submitted false information I can be disciplined up to and including termination or expulsion.

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Employee/Volunteer/Student Signature

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Date