

City of Houston
Human Resources Department
Religious Accommodation Request Form
COVID-19 TESTING

To request a religious exemption from the required COVID-19 Diagnostic testing, please complete Parts I, II & III before submitting this form through the COVID-19 Portal for City Employees (https://cohcovidtestportal.qualtrics.com/jfe/form/SV_6ifRWfx8uGZkTEq).

PART I – To be completed by the employee (Please type or print legibly)

Name: _____ Employee #: _____

Home Address: _____
(Street # and Name) (City) (State) (Zip)

Home Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Email: _____

Department & Division: _____

PART II

Section I - Accommodation Request (Please type or print legibly)

Describe the sincerely held religious belief, practice or observance that necessitates this request for a religious accommodation from COVID-19 Testing:

Section II – Submission of Supporting Documentation - REQUIRED

Please identify the appropriate supporting documentation you are submitting with this request:

- Written religious material describing the religious belief or practice.
- Written statements or other documents from third parties, such as religious leaders, practitioners, or others with whom the employee has discussed his or her beliefs, or who have observed the employee's past adherence.
- Other _____

PART III – Certification Statement

I have read and understand the City of Houston's policy on COVID-19 Mitigation Safety Measures. My religious beliefs, practices, or observances which result in this request for a religious accommodation from COVID-19 testing, are sincerely held. I understand that the accommodation requested above may not be granted but that the City of Houston will attempt to provide a reasonable accommodation that does not create an undue hardship on the City of Houston. I understand that the City of Houston may need to obtain supporting documentation regarding my religious practice, beliefs, or observance to further evaluate my request for a religious accommodation from COVID-19 testing. I understand that my submission to the City or use of any falsified information relating to this COVID-19 testing accommodation request can lead to corrective action, up to and including an indefinite suspension or termination.

Employee signature: _____ Date: _____

This form shall be submitted through the COVID-19 Portal for City Employees at (https://cohcovidtestportal.qualtrics.com/jfe/form/SV_6ifRWfx8uGZkTEq). No paper applications will be accepted.