



**Sincerely Held Belief Accommodation Request Form For COVID-19 Vaccination**

Allan Hancock College (AHC) affords equal employment opportunity for all qualified employees and applicants as to all terms of employment and prohibits discrimination against employees or applicants based on classifications protected by law, including, but not limited to, religion, creed, and religious belief, practice, or observance. Accordingly, AHC provides reasonable accommodations for employees and applicants whose sincerely held belief, practice, or observance conflicts with an employment requirement, unless providing a reasonable accommodation would result in undue hardship on the conduct of AHC’s business.

To promote a safe and healthy workplace for employees and to promote the health and safety of students, visitors to AHC’s campus, and members of the community, AHC requires that all employees, students and visitors to any Allan Hancock College facility follow the safety guidelines established by the California Department of Health and the Santa Barbara County Public Health Department. This includes a requirement that any person, regardless of vaccination status, wear a mask while indoors unless they are in their own office with no other person. As an additional measure, the Board of Trustees issued a directive that all AHC students, employees and volunteers provide verification of COVID-19 vaccination by **October 1, 2021**. Employees with a sincerely held belief, practice, or observance that conflicts with this requirement may use this form to request an accommodation.

**NOTE:**

**Individuals with exemptions may be required to comply with COVID-19 testing and other preventive requirements as specified below and as may be updated by later notification and/or posting of requirements on the District website. In the event of an outbreak on or near campus, individuals with exemptions may be excluded from all District facilities and activities.**

*Check each statement to acknowledge and the sign below:*

I request exemption from the COVID-19 vaccination requirement due to my sincere beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the District to the required vaccinations.

I understand that my accommodation must enable me to meet the essential functions of my job.

I understand that I will comply with assigned COVID-19 testing requirements and other preventive guidance.

I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from District facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors, and human resources as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.

Should I contract COVID-19, I will immediately report it to Human Resources at extension 3318 and comply with all isolation and quarantine procedures specified by the District and remove myself from the District community, if so advised.

I acknowledge that I have read the [CDC COVID-19 Vaccine Information](#).

I understand and agree to comply with and abide by all District COVID-19 policies and procedures.

I understand that, if approved, this exemption is provisional based on the current District COVID-19 vaccination policy and is subject to change based on District requirements moving forward.

I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I also understand that in evaluating my request for an accommodation, AHC may not grant my request if it creates an undue hardship on college business.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date