



Employee Religious Exemption Request Form

Part 1: To be completed by Employee

Name: _____

School/location: _____

Position: _____

Date of request: _____

Requested exemption (please check):

- Mask _____
- Vaccination _____
- Covid-19 testing _____

Detail the religious belief or practice that necessitates this request for each exemption:

I have read and understand GMCS policy on religious accommodation based on Title VII Civil Rights Act of 1964. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held.

Employee signature: _____ Date: _____

Please email completed form to K'Dawn Montano kmontano@gmcs.org

Part 2: To be completed by District:

Approved: _____ Denied: _____

District Approver: _____ Date: _____