

**COUNTY OF LAKE ADDENDUM XIIIb**  
**RELIGIOUS EXCEPTION REQUEST FORM**  
**Accommodation to COVID-19 Vaccination Requirement**

Full Name	Job Title
Department	Location of Worksite
Supervisor	Email
Work Number	Cell Number

**Based on my sincerely held religious belief, practice, or observance, I am requesting an exception to the County of Lake COVID-19 vaccination requirement as a religious accommodation.**

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exception as a religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the County's COVID-19 vaccination requirement.

Please provide any additional information that you think may be helpful in processing your religious accommodation request.

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***While my request is pending, I understand that I must comply with all other COVID-19 prevention requirements (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals under County policy and state and local public health directives. If my request is granted, I understand that I will be required to comply with COVID-19 prevention requirements, other than vaccination, as specified.***

***I verify the truth and accuracy of the statements in this request form.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please send this completed form to the County of Lake Human Resources Department.***

Address: 255 North Forbes Street, Room 112

Lakeport, CA 95453

Phone: 707-263-2213

Confidential Fax: 707-262-1843

Confidential HR Email: HR@lakecountyca.gov

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Name of County Staff Receiving This Request Form: \_\_\_\_\_

Date Received: \_\_\_\_\_

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**HR Review**

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**Religious Exception Granted:**  Yes  No

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature