

## Request for Accommodation for Religious Reasons

### COVID-19 Vaccination Requirement for CPSA Council and Team Members

The wellness of the CPSA team is a priority and CPSA is committed to protecting the health and safety of Council and team members and others from COVID-19 by establishing a vaccination policy requiring all team members to be vaccinated against COVID-19 (Policy on Proof of Vaccination for COVID-19). However, in accordance with the *Alberta Human Rights Act*, CPSA will provide reasonable accommodations to qualified Council and team members who object to the COVID-19 vaccination based on religious belief, practices and observances, so long as such accommodation does not impose an undue hardship on CPSA.

If you would like to request a reasonable accommodation with respect to the Policy on Vaccination for COVID-19 due to religious belief, practice or observance, please complete this form.

**Please submit this completed form to CPSA’s Director, People and Culture:**  
[Jessica.mcphee@cpsa.ab.ca](mailto:Jessica.mcphee@cpsa.ab.ca)

<b>SECTION 1 – COUNCIL OR TEAM MEMBER INFORMATION</b>	
Last Name  Click here to enter text.	First Name  Click here to enter text.
<b>SECTION 2 –DECLARATION OF COUNCIL OR TEAM MEMBER</b>	
Please describe the religious belief, practice or observance that is the basis for your request to be exempted from the Policy on Vaccination for COVID-19.  Click here to enter text.	
How long have you held the religious belief or engaged in the practice or observance you specified above?  Click here to enter text.	
Please explain how your religious belief, practice or observance conflicts with your ability to receive a COVID-19 vaccine, including whether it prevents you from (a) receiving any medical treatment; (b) receiving any vaccine; or (c) receiving specifically a COVID-19 vaccine.  Click here to enter text.	

*In some cases, CPSA may need to obtain documentation or other authority regarding the nature and sincerity of your religious belief, practice or observance. For example, CPSA may need to discuss the nature of your religious belief, practice or observance and accommodation request with a religious/faith leader (if applicable), or may request further information to support the nature and sincerity of your belief, practice or observance as they relate to your request for accommodation. If you would like to voluntarily provide such documentation or support to expedite the processing of your request, please attach it to this request form.*

*Examples include: religious documents, citation of religious texts, statement from religious/faith leaders, proof of membership/participation in the religion, and/or written attestation showing how you consistently follow the practice or belief.*

**Please include the name(s) and contact information of a faith leader(s) who can provide CPSA with information about your religion (and/or related belief(s), practice(s) or observance(s))**

Full Legal Name of Faith Leader

Click here to enter text.

Street Address  
City, Province Postal Code  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.

Contact Phone Number(s)  
Click here to enter text.  
Click here to enter text.

### Privacy

CPSA will collect, use and disclose the information provided herein in accordance with the *Personal Information Protection Act* (Alberta) and CPSA’s privacy policy, for the purpose of maintaining your employment relationship with CPSA, including, but not limited for the purposes of assessing and administering your accommodation request.

CPSA will destroy this form within 14 days of the final adjudication panel decision having been signed by the you and the adjudication chair.

If you have questions or concerns about the collection, use, or disclosure of your personal information, please contact People & Culture at [peopleandculture@cpsa.ab.ca](mailto:peopleandculture@cpsa.ab.ca).

### Authorization and Verification

By signing below, I hereby authorize CPSA to collect, use and disclose the information provided by me in this form for the purpose of determining the availability of workplace accommodations. I further authorize CPSA to communicate both verbally and in writing, as necessary, with the above identified individual(s) who have knowledge of my religious belief(s), practice(s) or observance(s) as they relate to the COVID-19 vaccine in order to assess my accommodation request.

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge. I further understand that any intentional misrepresentation contained in this request may result in corrective action including the termination of my employment for just cause. I also understand that my request for an accommodation may not be granted if it is not reasonable, or if it creates an undue hardship on CPSA, including posing a threat to the health and/or safety of others in the workplace and/or to me.

Council or Team Member Signature	Date (mm-dd-yyyy)  Click here to enter text.
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**SECTION 3 – DECLARATION OF RELIGIOUS/FAITH LEADER (COMPLETION OF THIS SECTION IS MANDATORY)**

I, Click here to enter text. (Name of faith leader) certify that I am a leader in the specified Religion/Faith and that the beliefs which are part of the Religion/Faith prevent this individual from being vaccinated against COVID-19.

Please describe the Religion/Faith and the specific belief(s) that prevent this individual from being vaccinated against COVID-19.

Click here to enter text.

Please state the end date for this exemption. (mm-dd-yyyy) Click here to enter text.

Faith Leader Signature	Date (mm-dd-yyyy)  Click or tap here to enter text.
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**Please include the name(s) and contact information for the provincial or national representative who can provide CPSA with information about the religion (and/or related belief(s), practice(s) or observance(s))**

Full name of provincial or national faith leader  Click here to enter text.	
Street Address City, Province Postal Code Click here to enter text. Click here to enter text. Click here to enter text.	Contact Phone Number(s)  Click here to enter text.  Click here to enter text.