

Request form for employees requesting N95 mask fitting accommodations based on religious grounds

Employee Name:		Department:	
Date:		Site:	
People Consultant:		Leader:	

Questions:		Answers:
1 .	What is your belief, faith or religion?	
2 .	How do you observe your belief, faith or religion?	
4 .	Please describe why your belief, faith or religion should exempt you from mask fitting requirements?	
5 .	Do you belong to a faith based or religious organization or community?	