MissionSquare Retirement
Religious Accommodation Request Form

Print off a copy of this form. Complete the form, and sign it and email it to careadvisors@priviahealth.com. Privia will send the completed form to your HR department for review. ***If you have any questions, please contact your HR business partner.***

Legal First Name	**Legal Last Name**	**Date of Birth**

This document affirms that the administration of the COVID-19 vaccine conflicts with my religious tenets or practices and I am requesting an accommodation to be exempt from the vaccination requirement at MissionSquare Retirement.

Please describe the religious belief or practice that necessitates this request for accommodation, and upload supporting documentation.

Teammate Signature: _____ Date: _____

09/2021