



**REASONABLE ACCOMMODATION APPLICATION
FOR COVID-19 VACCINE EXEMPTION FOR
MEMBERS OF THE SERVICE**
October 20, 2021

RA Request No. _____
Date RA Request Received: _____
RA Specialist Assigned: _____

CONFIDENTIAL

Reasonable Accommodations for COVID-19 Vaccinations will be provided by the New York City Police Department to qualified employees with Medical or Religious exemptions regarding the mandate outlined in New York City Mayoral Vaccination Mandate for New York City Workforce released on October 20, 2021.

SECTION I – If caption does not apply please write **N/A** for Not Applicable.

Rank / Title	Name		
Command (no abbreviations)		Tax Number	
Address			
Home Phone No.		Cell Phone No.	
E-mail Address			

Please specify your exemption request:

Medical Condition(s)

You must include supporting documentation from your medical provider which explains your contraindication as to why you cannot receive any of the COVID-19 vaccines.

**These contraindications must be delineated in The Centers for Diseases Control and Prevention (CDC) clinical considerations. **

Religious Beliefs / Practices

Supporting documentation from you and/or your religious official explaining your religious exemption from the COVID-19 vaccine is strongly suggested.

**This CONFIDENTIAL documentation must be provided to the
Equal Employment Opportunity Division**

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SECTION II – Please describe your Religious Practices and/or Medical Condition(s) that we should consider in exemption you from the COVID-19 Vaccination.

Please be advised that this Reasonable Accommodation, if granted, does not preclude you from adhering to the mandates established in New York City Mayoral Vaccination Mandate for New York City Workforce, which requires the wearing of a facial covering AND mandatory testing in lieu of vaccination.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.

Applicant's Signature: _____ Date: _____

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SECTION III – It may become necessary to help determine the feasibility of your request to confer with your command regarding your Exemption Request. Please fill in the contact information of your **immediate supervisor**.

Supervisor's Rank / Title	Name
Command	Tax Number
Command Telephone No.	Supervisor E-Mail Address

After **completing** the Reasonable Accommodation Application please forward it to the following:

- Faxing or emailing your request to the Reasonable Accommodation Unit at **(646) 610-5898** or by Department email RA@nypd.org.
- Forward original request and any supporting documentation to the:



**DEPUTY COMMISSIONER, EQUITY AND INCLUSION
EQUAL EMPLOYMENT OPPORTUNITY DIVISION
375 PEARL STREET, 15th FLOOR, SUITE 4
NEW YORK, NEW YORK 10038
ATTENTION: REASONABLE ACCOMMODATION UNIT**

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Link to Federal EEOC helpline for Religious exemption for mandate:

https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=