



**MANDAN, HIDATSA, ARIKARA NATION  
HUMAN RESOURCE DEPARTMENT**

Three Affiliated Tribes ~ Fort Berthold Reservation  
404 Frontage Road New Town, ND 58763  
Phone: 701-627-4781 Fax 701-627-2960

**Religious Request for COVID-19 Exemption Form**

**Part 1: To be completed by employee**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of request: \_\_\_\_\_ Director: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for an exemption from the COVID-19 vaccine(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the Three Affiliated Tribes' (or "Tribe") policy on Mandatory COVID-19 Vaccination. My religious beliefs and practices, which result in this request for a religious exemption, are sincerely held. I understand that the exemption requested above may not be granted but that the Tribe will attempt to provide a reasonable accommodation that does not create an undue hardship on the Tribe. I understand that the Tribe may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious exemption. I understand that if approved, I will be required to comply with all COVID-19 protocols and guidelines, including wearing an appropriate face mask while on duty.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: To be completed by the employee's immediate supervisor**

Evaluation of impact (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date discussed with employee: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Human Resources**

Human Resource Department  
Received Stamp

Received by: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date Employee Notified: \_\_\_\_\_

Human Resources Director: \_\_\_\_\_