

REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

Government-wide policy requires all Federal employees as defined in 5 U.S.C. § 2105 to be vaccinated against COVID-19, with exceptions only as required by law. In certain circumstances, Federal law may entitle a Federal employee who has a religious objection to the COVID-19 vaccination requirement to an exception from that requirement, in which case the employee will be required to comply with alternative health and safety protocols.

To be eligible for a possible exception, you must first establish that your refusal to be vaccinated is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exception if it is based upon personal preference, concerns about the possible effects of the vaccine, or political opinions.

The Department of Homeland Security is committed to respecting the legal protections for religious liberty. In order to request a religious exception, please fill out this form so the Department can determine whether you may be eligible for an such an exception. The Department may ask for additional information as needed to determine if you are legally entitled to an exception.

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Federal Government may result in legal consequences, including termination or removal from Federal Service.

When the form is completed, you must submit the form to your designated point of contact at <https://dhsconnect.dhs.gov/org/offices/crcl/eo/Pages/Reasonable-Accommodations-at-DHS.aspx/>



DHS Privacy Act Statement

REQUEST FOR AN EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting this information.

Authority:

DHS is authorized to collect the information requested on this form pursuant to: Sections 501, 503, 504, and 508 of the Rehabilitation Act of 1973, 29 U.S.C. § 791, as amended, and 29 CFR § 1614.203; Section 202(d) of the E-Government Act of 2002, *Accessibility to Persons with Disabilities*; Americans with Disabilities Act Amendments Act of 2008; 36 CFR part 1194, *Electronic and Information Technology Accessibility Standards*; 6 CFR part 15, *Enforcement of Nondiscrimination on the Basis of Disability in Programs or Activities Conducted by the Department of Homeland Security*; Executive Order 13164, *Establishing Procedures To Facilitate The Provision Of Reasonable Accommodation*, 29 CFR § 1605.2, *Reasonable accommodation without undue hardship as required by section 701(j) of title VII of the Civil Rights Act of 1964*, 42 U.S.C. § 2000e; 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees* (Sept. 9, 2021), and 5 U.S.C. chapters 33 and 63 and Executive Order 12196, *Occupational Safety and Health Program for Federal Employees* (Feb. 26, 1980). Additional authorities associated with this collection of information can be found in the following system of records notices (SORNs): DHS/ALL-033 *Reasonable Accommodations Records System of Records*, 76 Fed. Reg. 41274 (July 13, 2011); and DHS/ALL-047 *Records Related to DHS Personnel, Long-Term Trainees, Contractors, Mission Support Individuals, and Visitors During a Declared Public Health Emergency System of Records*, 85 Fed. Reg. 80127 (December 11, 2020)).

Purpose:

DHS is requesting this information to track and report the processing of reasonable accommodation requests Department-wide to comply with applicable law and regulations, to inform and determine appropriate COVID-19 mitigation measures for particular employees, and to preserve and maintain the confidentiality of religious and medical information while promoting the safety of federal workplaces and the federal workforce consistent with the above-referenced authorities.

Routine Uses:

Reasonable Accommodations request data is generally not shared externally. However, a complete list of the routine uses can be found in the SORNs identified above associated with this collection of information. The Department's full list of SORNs can be found on the Department's website at <http://www.dhs.gov/system-records-notice-sorn>.



Disclosure:

Providing this information to DHS is voluntary. However, failure to provide this information may result in DHS being delayed or unable to process a reasonable accommodation request. Unless granted a legally-required exception because of a disability or because of a sincerely held religious belief, practice, or observance, all covered federal employees are required to be vaccinated against COVID-19 and to provide documentation concerning their vaccination status to their employing agency. Unless you have been granted a legally-required exception, failure to provide this information may subject you to disciplinary action, including and up to removal from federal service.

Part 1 – To Be Completed by the Employee

Employee Name		Date of Request
Component	Office	Duty Location
Position	Supervisor	Phone Number

Authorization

I hereby authorize the Department to maintain records with information about my religious beliefs in order to consider my request for a reasonable accommodation.

Questions

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.
2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.
3. How long have you held the religious belief underlying your objection?
4. Please describe whether, as an adult, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection.
5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.
6. Please provide any additional information that you think may be helpful in reviewing your request.
7. Do you work in a SCIF?

I declare to the best of my knowledge and ability that the foregoing is true and correct.

Employee Signature

Print Name	Date
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