

NATIONAL SCIENCE FOUNDATION (NSF)

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

Pursuant to Government-wide and NSF policy, all NSF employees, as defined in 5 U.S.C. § 2105, and other NSF staff (e.g., IPAs, fellows, student volunteers) are required to be vaccinated against COVID-19, with exceptions only as required by law. In certain circumstances, Federal law may entitle an individual who has a religious objection to the COVID-19 vaccination requirement to an exception from that requirement, in which case the individual would instead comply with alternative health and safety protocols. The Federal Government is committed to respecting the important legal protections for religious liberty.

In order to request a religious exception, please fill out this form. The purpose of this form is to start the accommodation process and help NSF determine whether you may be eligible for a religious exception. You do not need to answer every question below on this form to be considered for a religious exception, but we encourage you to provide as much information as possible to enable the agency to evaluate your request. Where there is an objective basis to do so, the agency may ask you for additional information as needed to determine if you are legally entitled to an exception. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exception.

Agencies may consider several factors in assessing whether a request for an exception is based on a sincerely held religious belief, including whether the individual has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual's beliefs—or degree of adherence—may change over time and, therefore, an individual's newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exception will be evaluated on an individual basis.

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 service.

QUESTIONS: Please separately attach or submit a statement responding to the questions below with your signed form to NSF's designated point of contact for reasonable accommodations (i.e., the Disability Program Manager in the NSF Office of Diversity and Inclusion (ODI), rarequest@nsf.gov).

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. Please provide any additional information that you think may be helpful in reviewing your request. For example:
 - How long you have held the religious belief underlying your objection?
 - Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines?
 - Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine)?

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

Print Name

Signature

Date

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 7902(d); Occupational Safety & Health Act (OSHA) of 1970, 29 U.S.C. 668(a); National Science Foundation Act of 1950, Pub. L. 507-81; 29 CFR part 1904; 29 CFR 1910.1020 and 1960.66; Executive Orders 12196, 13991, and 14043; OMB Memoranda M-21-15 and M-21-25; Safer Federal Workforce Task Force, COVID-19 Workplace Safety: Agency Model Safety Principles; and other authorities, including title VII of the Civil Rights Act of 1974, the Rehabilitation Act, and Equal Employment Opportunity Commission (EEOC) regulations, as applicable. While this form is voluntary, failure to complete it may result in denial of an exemption from vaccination or testing requirements and disciplinary or other action for non-compliance with such requirements, including termination and removal from service.

Purpose: NSF will use the information you provide to determine your eligibility for a legal exception to the vaccination requirement due to a sincerely held religious belief. This information is being collected to assist NSF with maintaining a safe and healthy workplace, including to protect individuals in NSF facilities and events from risks associated with a public health emergency; to plan and respond to workplace and personnel flexibilities needed during such an emergency; to facilitate NSF's cooperation with public health authorities; to perform contact tracing investigations and provide exposure notifications to NSF staff or other individuals; and to comply with legal recordkeeping and reporting requirements.

Routine Uses: In addition to authorized internal NSF use, the information you provide may be disclosed to contractors, other Federal, State, local and other agencies, health departments, medical authorities, and other entities in connection with health screening, contact tracing, statistical reporting, and other efforts to address the spread of communicable diseases and/or a public health emergency. For a full list of routine uses, see NSF-78 (NSF Staff & Visitor Medical Information), posted at <https://www.nsf.gov/privacy/>. If you use the services of the NSF Health Unit or other NSF health programs, and this information is maintained as part of those health and medical records, additional routine uses apply to those records. See NSF-79 (NSF Health Program Records), posted at <https://www.nsf.gov/privacy/>. See also OPM/GOVT-10 (Employee Medical Files System Records), 75 FR 35099 (June 21, 2010), amended at 80 FR 74815 (Nov. 30, 2015).

PAPERWORK REDUCTION ACT STATEMENT

A federal agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number, which is XXXX-XXXX for this form. We estimate that completing the form, including the time to review instructions, should take no more than one (1) hour to complete.