



## **REQUEST FOR A RELIGIOUS ACCOMMODATION TO THE COVID-19 VACCINATION REQUIREMENT**

Pursuant to guidance and instructions from the Office of Management and Budget (OMB), the information requested below will be used to determine if the requesting Department of State employee, onboarding employee, or candidate is entitled to a religious accommodation.

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 would instead comply with alternative health and safety protocols. The State Department 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 the Department of State determine whether you may be eligible for a religious exception. You do not need to answer every question on the form to be considered for a religious exception, but we encourage you to provide as much information as possible to enable full evaluation of your request. Where there is an objective basis to do so, the Department of State 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.

The Department of State may consider several factors in assessing whether a request for an exception is based on a sincerely held religious belief, including whether the employee 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 employee'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.

In order to request a religious exception, please fill out this form below.

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.

**PLEASE PRINT OR COMPLETE ELECTRONICALLY TO ENSURE LEGIBILITY**

**Part I: To Be Completed by the Employee**

Employee Last Name	Employee First Name
Employee ID: If you are an existing employee:	Supervisor's Name:
Employee State Email:	Employee Personal Email:

**Part II: To Be Completed by the Employee**

Current Gaining Office:	Bureau:
Position Title:	

**Part III: Questions to be completed by the Employee**

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 you have held the religious belief underlying your objection?

4. Is your religious objection to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines?

5. Have you received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine)?

6. Please provide any additional information that you think may be helpful in reviewing your request.

7. Please provide any additional information that you think may be helpful in reviewing your request.

You must print, sign, and scan this document to send to [COVID-ReligiousAccom@state.gov](mailto:COVID-ReligiousAccom@state.gov).

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

Print Employee Name

Employee Signature

Signature Date (mm/dd/yyyy)

## Privacy Act Statement

**Authority:** The information is sought pursuant to Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (Sept. 9, 2021); Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021); Executive Order 12196, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980); Executive Order 13163, Increasing the Opportunity for Individuals With Disabilities To Be Employed in the Federal Government (July 26, 2000); Executive Order 13164, Requiring Federal Agencies To Establish Procedures To Facilitate the Provision of Reasonable Accommodation (July 26, 2000); and 5 U.S.C. chapters 11, and 79, 22 U.S.C. 4084, and 42 U.S.C. 12112(d).

**Purpose:** This information is being collected and maintained to promote the safety of Federal buildings and the Federal workforce consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration. The information solicited on this form will permit the Bureau of Global Talent Management to engage the individual in order to adjudicate requests for a reasonable accommodation related to the COVID-19 vaccination requirement.

**Routine Uses:** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information, where applicable, to a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment. Additionally, the information on this form may be shared with consulting services that provide information about available aids, devices, and methods of accommodating employees with disabilities; with the Department of Justice in connection with proceedings before a court, adjudicative body, or other administrative body, if the information is arguably relevant and necessary to the litigation; in response to an order from a court or administrative body directing the production of such information; and to disclose information to Equal Employment Opportunity (EEO) counselors and EEO investigators in connection with EEO complaints and to the EEOC. A complete list of the routine uses can be found in the applicable system of records notices associated with the specific type of information, including State-31, Human Resources Records, 78 Fed. Reg. 43258 (July 19, 2013); OPM/GOVT-10, Employee Medical File System of Records, 75 Fed. Reg. 35099 (June 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015); and State-24, Medical Records, 74 Fed. Reg. 24891 (May 26, 2009), amended 80 Fed. Reg. 7671 (Feb. 11, 2015).

**Disclosure:** Providing this information is voluntary. However, failure to submit this form or provide the information requested on this form may delay or impact a decision regarding your reasonable accommodation request. All employees who do not submit appropriate documentation confirming that they are fully vaccinated will be treated as not fully vaccinated and will be required to comply with enhanced COVID-19 mitigation protocols, including mask wearing, physical distancing, travel restrictions, and any testing protocol required by the Department, even if they have requested or been approved for an accommodation.