

# GENERAL DYNAMICS

Electric Boat

Name (print)

Badge #

Date

Department #

Work/Cell Phone

Home Phone

## REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION MANDATE

The federal government recently released COVID-19 Workplace Safety Guidance, which includes a COVID-19 vaccination mandate for all employees of covered federal contractors. Employees who are seeking an exemption from the vaccination mandate, once it is invoked on Electric Boat ("EB"), due to their sincerely held religious beliefs and practices should complete this form.

Please return the completed form to:

[COVIDVaccinationReligiousExemptionRequests@gdeb.com](mailto:COVIDVaccinationReligiousExemptionRequests@gdeb.com). This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine whether you are eligible for such exemption once it is invoked on EB and if so, to determine the reasonable accommodations which can be provided that would enable you to perform the essential functions of your position. If you refuse to provide such information, your refusal may impact EB's ability to adequately understand your request or to effectively engage in the interactive process to identify possible accommodations.

**Incomplete forms may be returned to you. Note that you may be placed on an unpaid leave of absence pending a decision about your religious exemption request.**

### Section 1: To be completed by Employee:

I am requesting an exemption from the federal mandate requiring that covered federal contractors be fully vaccinated against COVID-19, once it is invoked on EB, due to my sincerely held religious beliefs and practices. I verify that the information I am submitting to substantiate my request for an exemption based on my sincerely held religious beliefs is true and accurate to the best of my knowledge. I further understand that EB is not required to approve this exemption request if doing so would pose a direct threat to the health or safety of myself or others in the workplace or would create an undue hardship for EB.

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By completing this form, I grant EB permission to collect information to support my request for a religious exemption.

1. In your own words, please explain below why you are requesting a religious exemption/religious accommodation to the COVID-19 vaccination requirement.

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2. How long have you held the religious belief underlying your objection? \_\_\_\_\_

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3. Specifically describe the conflict between your religious belief, observance, or practice and the federal government's mandatory COVID-19 vaccination requirement.

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4. As an adult (18 years and over), have you ever received any vaccines against any other diseases (such as an influenza vaccine or a tetanus vaccine)? Please circle: Yes No
- a. If the answer is "yes," what vaccine have you most recently received and when, to the best of your recollection?

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5. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.

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6. Describe the accommodation or accommodations you believe are needed to enable you to perform the essential functions of this job or access other benefits or privileges of employment (potential accommodations may include additional safety protocols, wearing face coverings, physical distancing, limited access to common areas, regular testing, etc.):

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7. Please attach any supporting documentation that you consider helpful in evaluating this request for accommodation.

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I attest that the information in this request is true and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including termination of employment.

Employee Signature:	Date:
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