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 Federal Government is committed to respecting the important legal protections for religious liberty. The purpose of this form is to determine whether you may be eligible for an exception.

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.

In order to request a religious exception, please fill out this form. The agency may ask for other 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.

QUESTIONS:

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.

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1. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.

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1. How long have you held the religious belief underlying your objection?

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1. 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.

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1. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.

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

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Federal law, the Principles of Ethical Conduct for Federal Employees, and TVA's Code of Conduct for employees require that individuals be honest in the performance of their duties and prohibit the making of false statements to TVA. Any intentional misrepresentation to TVA, including with regard to [requests for accommodation or vaccination status] or any related records may result in disciplinary action, including termination of employment with TVA. Accordingly, I hereby confirm that my answers are truthful and accurate.

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| Name, Signature and Date |  |
|  | Upon completion, email the completed form to emphealthservices@tva.gov. |

**Privacy Act Statement**

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee. The information will be maintained in accordance with TVA Systems of Records Notice TVA-9, Health Records, Health Records- TVA. Information you provide may be used in and verified through a computer match.