

RELIGIOUS ACCOMMODATION (COVID-19) REQUEST FORM



Please complete this form regarding your request for an accommodation based on your religious belief or practice to be exempted from the Company's COVID-19 vaccination requirements. We may seek additional information at a later date to further evaluate your request for an accommodation. Although we will consider any specific type of accommodation you may propose, you may be offered an alternative accommodation to eliminate the conflict between your religious practice or belief and the Company's COVID-19 vaccination requirements. The Company's ability to provide a reasonable accommodation will take into account various considerations, including legal compliance, safety and health, security requirements, the negative impact on our operations or other employees, as well as cost and limitations on our resources. The Company's ability to provide a reasonable accommodation may change depending on changes to these various factors and other business considerations.

You must submit this form within five (5) days of receipt.

Note: Please continue your answers on the back or on additional pages as necessary.

QUESTION	RESPONSE
1. What is the religion for which you are seeking an accommodation?	Christianity
2. What is the specific sincerely held religious belief or practice for which you are seeking accommodation?	From the Bible Deuteronomy 6:5 "You shall love the LORD your God with all your heart, with all your soul, and with all your mind." Jesus Christ also refers to this in Matthew 22:37. Christians follow Jesus as the highest authority. He speaks personally and individually to each of His followers directly to their hearts, as He did to Saul, renamed Paul, in Acts 9:4. God commanded His people to not murder in Exodus 20:13, and Jesus said that even holding anger against a family member brings judgment in Matt 5:22. It is believed that the killing of children is wrong, as seen in Psalm 106:37, Leviticus 18:21, and Deuteronomy 12:31.
3. Describe the conflict between your religious belief or practice and the Company's COVID-19 vaccination requirements. Provide as much specificity as possible and identify all areas of conflict.	Due to the evidence of fetal cell line tissues in all of the commercially available vaccines, there is a conflict between using any vaccine and the beliefs against murder stated above. Supporting the study of abortion is in support of murder, as technically embryos and fetuses are living human beings. There is also a conflict between what God specifically commanded me to do, which is to not take any Covid-19 vaccine at this time. He spoke to me personally earlier this year. As the ultimate authority in the universe, it would not make sense if I were to take the vaccine and disobey that command.

QUESTION	RESPONSE
4. Describe the accommodation that you propose to eliminate the conflict between your religious belief or practice and the Company's COVID-19 vaccination requirements. Include any alternative accommodations that you believe will also eliminate the conflict with your religious belief or practice.	The alternative would be for me to not have to take any Covid-19 vaccine unless the following occurs: God has spoken to me again and said for me to take it. Also if the new vaccines come out that are not based on any fetal cell line tissues.
5. Describe how you can perform the essential functions of your job and keep yourself and others in the workplace safe with the proposed accommodation(s).	I can continue to take precautions while at the workplace or other sites, as we have been with social distancing, wearing a mask, using sanitizer and handwashing, and sanitizing workspaces regularly. Those precautions alone have proven to reduce Covid cases and protect people to date.
6. Identify the time period for which the accommodation is requested. If the accommodation is only needed occasionally or on a less than permanent basis, describe the time period, frequency, or circumstances as specifically as possible.	An indefinite time period is requested, which may become permanent. It depends on the stipulations described above, and is near impossible to predict when they could happen.
7. Is there any other information that you believe will assist in our consideration of your request?	I also have medical concerns with the vaccines. As a female, who wishes to have children in the future, the studies that potentially show adverse effects on pregnancy is greatly concerning. Especially since the long term effects are not known yet for any of them. Also, I had Covid-19 in February of this year, and there are also studies showing that not only is natural immunity equal to or greater than vaccination immunity, but that the vaccines can also have adverse effects on people who have had the disease already. I do not wish to take these risks for my own health and well-being.

I am providing this information to obtain an accommodation and I verify that the above information is truthful and accurate to the best of my knowledge:

Signature:



Date: 9/28/2021

The employee's Exemption was approved. The accommodations they were offered and agreed to were:

We are proposing the following accommodations:

For 100% remote and/or hybrid employees: should Employee have to enter a company facility for any reason, they need to show a negative COVID-19 test that was taken within 72 hours of entry in addition to wearing a mask social distancing while on site.

For an essential work; onsite 100% of the time: Employee requires COVID-19 testing one time per week in addition to wearing a mask and social distancing while on site.

NOTE: COVID-19 testing will be paid for by the company for all reasonable accommodations.

The employee was offered and accepted the following: They are almost 100% offsite, occasional onsite. They were also advised that if this was not agreeable they would have someone else contact them.