

**These are the additional Questions sent to an employee to complete
and return in 5 days by Raytheon via email**

1. What is the religion for which you are seeking an accommodation?

How long have you been a member of or ascribed to this religion?

Alternative – Are you a member or follower of a particular denomination of [e.g., Christianity] or a particular church?
If so, which denomination or church?

Does your religion have worship or similar services? Do you attend or participate in those services?

How often do you attend worship or similar services? What was the date of the last service you attended?

Does your religion observe any holidays or other days of special religious significance? If so, please describe.

Does your religion have an official stance on vaccines in general? If so, please describe.

Does your religion have an official stance on COVID-19 vaccinations? If so, please describe.

When did it first issue its stance on COVID-19 vaccinations?

Does it apply to all COVID-19 vaccines?

Can you provide documentation of the official stance? If so, please attach or provide the URL or link for the website that we can review.

Did you request a letter or other documentation from an organization or individual religious leader for your use in requesting an exemption from the company's COVID-19 vaccination requirement?

If so, why?

What response did you receive?

Were you asked to pay for the letter or other documentation or make a donation or contribution in connection with the letter or other documentation?

If your answer to iii). is yes, did you make any payment?

2. What is the specific sincerely held religious belief or practice for which you are seeking accommodation?

Please explain in detail.

How long have you ascribed to this specific religious belief or practice?

Is there any documentation that describes this belief or practice?

Have you posted any materials on social media or made other statements regarding your beliefs about COVID-19 vaccinations?

If so, when?

Will you provide copies of those statements or access to those sites for the Company to review?

3. Describe the conflict between your religious belief or practice and the requirement to obtain a vaccination for COVID-19. Provide as much detail as possible and identify all areas of conflict.

What is it about your religious belief or practice that is in conflict with obtaining a COVID-19 vaccination?

Is there any documentation you could provide that discusses the conflict between your religious belief or practice and obtaining a COVID-19 vaccination?

Is the conflict with your religious belief or practice limited to the COVID-19 vaccines or does it apply to all vaccines?

Does the conflict with your religious belief or practice apply to all of the COVID-19 vaccines? How so?

i. **[IF APPLICABLE]** Do you believe that fetal stem cells are used in the COVID-19 vaccines?

- ii. **[IF APPLICABLE]** If fetal stem cell lines that trace back several decades were used to test the vaccine, but the vaccine itself does not contain fetal stem cells, would that make it acceptable for you to take the vaccine?

Have you received any other vaccines or injections, such as flu or tetanus shots, over the past ten years?

- i. If yes, please explain how your religious belief was not in conflict with those other vaccines or injections but would be in conflict with the COVID-19 vaccine.
- f. What other medical/pharma practices do you abstain from due to your sincerely held religious belief or practice?
- g. Do you abstain from taking certain commonly used medicines that have used fetal cell lines in their production (e.g., Ibuprofen, Advil, Motrin, Aspirin, Tums, etc.)?

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 religion.

Did you consider whether there are other accommodations the Company could provide that would eliminate the conflict between your sincerely held religious belief or practice and the requirement to obtain the COVID-19 vaccine?

- i. If so, what are the other accommodations you considered?

- ii. For the accommodations you considered in 4. a. i. but determined you cannot accept, why did you decide you cannot accept them?

5. Describe how you can perform the essential functions of your position with your proposed accommodation (s).

Do your essential job duties require in-person interaction with other employees, customers, suppliers, or others?

What percentage – please estimate?

Are the customers you support allowing unvaccinated individuals at their work site? Do they permit disability or religious accommodations? If they are not permitting accommodations for unvaccinated individuals, how will you be able to perform your job?

- c. If the Company were to consider exempting you from the COVID-19 vaccination requirement (temporarily or indefinitely), would you be willing to do the following:

Wear a properly fitted mask for all in-person interactions.

Always maintain social distance (6 feet or more) for all in-person interactions.

Take a weekly COVID-19 test.

[other – could include remote working]

Do you think any of these possible requirements would impact your ability to perform the essential elements of your job?

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

- a. Is there some future event that could resolve the conflict with your religious belief or practice and allow you to obtain the vaccine?

7. Is there any other information that you believe will assist in our consideration of your request?