



Request for Religious Exemption/Accommodation Related to COVID-19 Vaccine

The Jessie Ball duPont Fund (the “Fund”) is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the Fund is committed to complying with all laws protecting employees’ religious beliefs and practices. When requested, the Fund will provide an exemption/reasonable accommodation for employees’ religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the Fund or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to the Fund’s COVID-19 vaccination policy, please complete this form and return it to [human resources contact]. This information will be used by [Human Resources] or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, the employee’s refusal may impact the Fund’s ability to adequately understand the employee’s request or effectively engage in the interactive process to identify possible accommodations.



Part 1 – To Be Completed by Employee:

Name: _____

Date of Request: _____

Please explain below why you are requesting an Exemption/Accommodation:

In some cases, the Fund will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? _____ Yes _____ No

If no, please explain why:

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Fund.

Signature: _____

Date: _____

Print Name: _____



Part 2 – To be completed by [Human Resources Representative]

Date this Request Form Received in [Human Resources]: _____

Interactive Discussion Date(s) if applicable: _____

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of Representative: _____

Signature of Representative: _____

Date: _____