



## DHS Privacy Act Statement

### REQUEST FOR AN EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting this information.

#### Authority:

DHS is authorized to collect the information requested on this form pursuant to: Sections 501, 503, 504, and 508 of the Rehabilitation Act of 1973, 29 U.S.C. § 791, as amended, and 29 CFR § 1614.203; Section 202(d) of the E-Government Act of 2002, *Accessibility to Persons with Disabilities*; Americans with Disabilities Act Amendments Act of 2008; 36 CFR part 1194, *Electronic and Information Technology Accessibility Standards*; 6 CFR part 15, *Enforcement of Nondiscrimination on the Basis of Disability in Programs or Activities Conducted by the Department of Homeland Security*; Executive Order 13164, *Establishing Procedures To Facilitate The Provision Of Reasonable Accommodation*, 29 CFR § 1605.2, *Reasonable accommodation without undue hardship as required by section 701(j) of title VII of the Civil Rights Act of 1964*, 42 U.S.C. § 2000e; 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees* (Sept. 9, 2021), and 5 U.S.C. chapters 33 and 63 and Executive Order 12196, *Occupational Safety and Health Program for Federal Employees* (Feb. 26, 1980). Additional authorities associated with this collection of information can be found in the following system of records notices (SORNs): DHS/ALL-033 Reasonable Accommodations Records System of Records, 76 Fed. Reg. 41274 (July 13, 2011); and DHS/ALL-047 Records Related to DHS Personnel, Long-Term Trainees, Contractors, Mission Support Individuals, and Visitors During a Declared Public Health Emergency System of Records, 85 Fed. Reg. 80127 (December 11, 2020)).

#### Purpose:

DHS is requesting this information to track and report the processing of reasonable accommodation requests Department-wide to comply with applicable law and regulations, to inform and determine appropriate COVID-19 mitigation measures for particular employees, and to preserve and maintain the confidentiality of medical information while promoting the safety of federal workplaces and the federal workforce consistent with the above-referenced authorities.

#### Routine Uses:

Reasonable Accommodations request data is generally not shared externally. However, a complete list of the routine uses can be found in the SORNs identified above associated with this collection of information. The Department's full list of SORNs can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.



**Disclosure:**

Providing this information to DHS is voluntary. However, failure to provide this information may result in DHS being delayed or unable to process a reasonable accommodation request. Unless granted a legally-required exception because of a disability or because of a sincerely held religious belief, practice, or observance, all covered federal employees are required to be vaccinated against COVID-19 and to provide documentation concerning their vaccination status to their employing agency. Unless you have been granted a legally-required exception, failure to provide this information may subject you to disciplinary action, including and up to removal from federal service.

**Part 1 – To Be Completed by the Employee**

<b>Employee Name</b>		<b>Date of Request</b>
<b>Component</b>	<b>Division</b>	<b>Duty Location</b>
<b>Position</b>	<b>Supervisor</b>	<b>Phone Number</b>
<b>Authorization</b>		
I hereby authorize the Department to maintain records with information about my religious beliefs in order to consider my request for a reasonable accommodation.		
<b>Questions</b>		
<p>1. Please describe the nature of your objection to the COVID-19 vaccination requirement.</p> <p>2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.</p> <p>3. How long have you held the religious belief underlying your objection?</p> <p>4. 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.</p> <p>5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.</p> <p>6. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.</p> <p>7. Please provide any additional information that you think may be helpful in reviewing your request.</p> <p>8. Do you work in a SCIF?</p>		
<b>I declare to the best of my knowledge and ability that the foregoing is true and correct.</b>		
<b>Employee Signature</b>		
<b>Print Name</b>	<b>Date</b>	