

**OBJECTION TO PROVIDING PROOF OF COVID-19 VACCINATION: TENNESSEE**

Name: \_\_\_\_\_

Employment Status (check one):  Applicant  Employee

GEID/SOEID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work location: \_\_\_\_\_

Manager name: \_\_\_\_\_

**Instructions:** Please use this form if you are employed in Tennessee and are seeking an exemption from Citi’s policy requiring applicants and employees to provide proof that they are fully vaccinated for COVID-19 infection. Please **do not use this form** if you are seeking an exemption from Citi’s COVID-19 vaccination requirement because of religious beliefs or medical reasons (including pregnancy-related conditions). If you are seeking an accommodation/exemption for religious or medical reasons (including pregnancy-related conditions), please complete the COVID-19 Vaccination Accommodation Request & Questionnaire Forms for Religious or Medical Reasons, which you can find on Citi’s COVID-19 intranet site.

We recommend completing this form online. Please return your fully completed form to Citi by emailing to [HRAccommodationsTeam@citi.com](mailto:HRAccommodationsTeam@citi.com). If you must forward this form to your personal email address or another address external to Citi, please enter "(Secure)" in the subject line. This will encrypt the email and allow it to exit through Citi's information security firewall.

**Citi Expectations for Cooperation and Honesty:**

As COVID-19 continues to significantly challenge our employees, customers, business and the communities that we serve, it is more important than ever to work cooperatively with one another. Citi respects employees may object to COVID-19 vaccinations but also expects employees to provide true and accurate information in connection with their objection submission.

1. Are you objecting to providing proof that you are fully vaccinated for COVID-19 infection?  
 YES  NO
2. If you answered "NO" to question 1, please explain what you are objecting to and the reason for your objection.

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**Employee Acknowledgment:** I acknowledge that I have read and understand this form and that all statements made above are complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**Return your fully completed form to Citi by emailing to NAMHRPS-COVID@imcnam.ssmb.com.**

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