

COVID-19 VACCINATION RELIGIOUS ACCOMMODATION QUESTIONNAIRE

Name: _____

Employment Status (check one): Applicant Employee

GEID/SOEID: _____

Job Title: _____

Work location: _____

Manager name: _____

Consistent with federal, state and local law, Citi provides reasonable accommodations for sincerely held religious beliefs, practices, and observances unless providing a reasonable accommodation would result in undue hardship to the business. You are seeking an accommodation from the COVID-19 vaccination requirement due to religious reasons. Please promptly provide responses to the questions below.

Why Citi is Seeking This Information:

If your religious accommodation is not required by the tenets of a specific religion, Citi must understand the basis and source of your religious beliefs to determine whether your request qualifies for a religious accommodation. The information you provide will allow us to further evaluate your request and decide whether we can grant an accommodation in this instance. It is possible that we may need additional information to evaluate your request, and if so, we will request more information or documentation. We will inform you once a decision has been made on your request.

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 employee religious beliefs but also expects employees to cooperate as Citi evaluates accommodation requests, including but not limited to providing true and accurate information in furtherance of accommodation requests. If Citi determines employees have failed to cooperate with its reasonable information requests or employees have acted dishonestly in advancing such requests, it may deny the accommodation request and, if appropriate, take disciplinary action including potentially terminating an employee's employment.

We recommend completing this form online. Please return your fully completed form to Citi by emailing to 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.

Part 1: Assessing Your Claim That A Sincerely Held Religious Belief Conflicts With Citi's Vaccination Requirement. Given the important public health and workplace safety issues related to COVID-19 vaccinations, to grant your accommodation request, Citi seeks to confirm that your request is based on a true conflict with a sincerely held religious belief. The following questions are designed to help Citi determine whether that is the case.

1. Is the religious belief, practice, or observance prompting your accommodation request part of an organized religious faith to which you belong? YES NO

If you answered “YES” to question 1, please describe the organized religious faith. If you answered “NO” to question 1, please identify the religious belief, practice, or observance.

2. Regardless of whether you answered “YES” or “NO” to question 1, do the tenets of your faith or religion expressly prohibit you from receiving the COVID-19 vaccine? YES NO If you answered “YES” to question 2, please provide the specific tenet that prohibits your receipt of the COVID-19 vaccine. If you answered “NO” to question 2, please then explain why you claim receiving the COVID-19 vaccine conflicts with the practice of your faith or religion.

3. Have you received other vaccinations previously? YES NO

4. If you answered “YES” to question 3, please describe why (a) your religious belief, practice, conviction or observance did not prevent you from getting that vaccination(s) *and* (b) receiving a COVID-19 vaccine conflicts with your religious belief, practice, conviction or observance.

5. Please describe how the religious belief, practice, or observance you have identified in response to question 2 affects other aspects of your life, such as if it prevents you from receiving certain medical care or engaging in personal health care practices.

Part 2: Assessing Your Ability to Participate in COVID-19 Testing, Masking and Other COVID-19 Safety Protocols. Even if Citi determines you have a sincerely held religious belief that conflicts with its vaccination requirement, Citi must evaluate whether granting you an accommodation creates an undue hardship and/or threatens you or others based on your work-related activities. The following questions are designed to help Citi anticipate and assess potential hardship considerations.

6. **COVID-19 Testing:** If you are granted an accommodation from vaccination, are you able to engage in nasal swab COVID-19 testing three or more times per week? YES NO If you answered, "YES," proceed to question 7 and do not answer questions 6(a) to 6 (f). If you answered, "NO," to enable us to assess the potential conflict with COVID-19 testing and/or your willingness to participate in testing, please answer questions 6(a) to 6 (f):

a. Please check the box(es) describing the reason you are unable to participate in nasal swab COVID-19 testing three or more times per week and explain further in the space below why the reasons you have noted prevent you from participating in such testing: Religious Philosophical Medical Other **If you check "Medical," do not disclose the medical reason on this form.** If you check "Religious," please confirm the religious belief, practice, or observance or conviction that conflicts with such testing.

b. Have you been participated in testing or medical procedures previously that penetrate your nasal passage, including prior COVID-19 tests? YES NO If you answered, "YES," please describe why you then are unable to participate in COVID-19 testing.

c. Would receiving a COVID-19 test that requires a nasal swab interfere with your ability to practice your religion? YES NO If you answered, "YES," please explain.

d. Are you aware of any COVID-19 tests that you could undergo consistent with your religion, religious belief, practice or conviction? YES NO If you answered, "YES," please identify the COVID-19 tests you could undergo.

e. Does your religious belief, practice, conviction or observance affect other aspects of your life, such as if it prevents you from delivering self-healthcare such as ear, mouth or teeth

hygiene? YES NO If you answered, “YES,” please explain the aspects of your life that are impacted.

f. Please describe any specific workplace changes you are seeking, requesting or recommending if you do not participate fully in the COVID-19 testing, which you believe would help balance the safety of Citi employees with your religious beliefs.

7. **Masking:** If you are granted an accommodation from vaccination, are you able to wear a mask while engaged in work at a Citi site? YES NO If you answered, “YES,” proceed to question 8 and do not answer questions 7(a) and 7(b). If you answered, “NO,” to enable us to assess the potential conflict with masking requirements and/or your willingness to wear masks or other face-coverings, please answer questions 7(a) and 7(b):

a. Please check the box(es) describing the reason you are unable to wear masks while engaged in Citi work and explain further in the space below the reasons why you are unable or unwilling to wear such masks: Religious Philosophical Medical Other. **If you check “Medical,” do not disclose the medical reason on this form.** If you check “Religious,” please confirm the religious belief, practice, or observance or conviction that conflicts with the wearing of a mask or other type of face covering.

b. Have you worn masks or other face coverings during the COVID-19 pandemic? YES NO If you answered, “YES,” please describe why you are unable to wear a mask while performing Citi work and describe the masking accommodation you propose while performing Citi work.

Part 3: Additional Information. Citi seeks to fully understand the reasons you are seeking this accommodation. Please use this section to provide any additional information you believe Citi should consider as it evaluates your accommodation request.

8. Is there anything else you would like Citi to know about your request for religious accommodation? YES NO If you answered, "YES," please provide that information here or attach any documents you wish to provide.

Part 4: Employee/Applicant Acknowledgment: By printing my name and date below I acknowledge that I have read and understand this request 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. I understand that the accommodation requested above may not be granted if I have not identified a religious belief, practice, or observance that conflicts with the COVID-19 vaccination requirement or if Citi determines the accommodation is not reasonable or imposes an undue hardship.

Name

Date