



COVID-19 Vaccination Religious Exception – Accommodation Request Form

Consistent with federal, state, and local law, Masonite provides reasonable accommodations for employees sincerely held religious beliefs, practices, and observances unless doing so would result in undue hardship to the business.

The information you provide will allow us to evaluate your request and decide whether we can grant an accommodation. It is possible that more information will be necessary, and if so, we will follow up with you for more information or documentation.

1. Do you have religious beliefs, practices, or observances based on an organized religious faith to which you belong?

YES NO

If yes, please specify the religion:

2. Please identify the religious belief, practice or observance that is causing you to seek an exception accommodation related to the COVID-19 vaccine.

3. Please describe the conflict between the religious belief, practice or observance and the COVID-19 vaccine.

4. How long have you held the religious beliefs underlying your objection?

5. As an adult, have you received other vaccinations previously (such as flu, tetanus, shingles or pneumonia vaccines)?

YES NO

If yes, please specify:

6. Would receiving a COVID-19 vaccine interfere with your ability to practice your religion?

YES NO

If yes, please specify:

7. If there are any other medicines or vaccines that you do not use or accept because of the religious belief underlying your objection, please identify them.

8. Are there religious practices that you have engaged in previously that have impacted your employment?

YES NO

If yes, please specify:

9. Have you tested positive for COVID-19 in the past?

YES NO

If yes, please specify:

10. How close is your contact with other Masonite employees during most of your work days?

Six feet or less Greater than six feet

Please explain:

11. If granted an exception to the vaccination rule, would you be willing to pay the cost of weekly antigen or NAAT COVID-19 testing?

YES NO

12. If granted an exception to the vaccination rule, would you be willing to be reassigned to a different shift or job assignment?

YES NO

13. Is there anything else you would like the company to know about your request for an accommodation?

14. Are there any supporting documents you wish to provide to support your application?

YES NO

If yes, please attach copies to this form.

Employee Acknowledgement:

I acknowledge that the exception accommodation I am requesting may not be granted if I have not identified a sincerely held religious belief, practice or observance that conflicts with the COVID-19 vaccination and/or if the exception accommodation is not reasonable or imposes an undue hardship. I understand that the Company expects employees to cooperate as the Company evaluates exception accommodation requests, including but not limited to providing true

and accurate information. I understand that if the Company determines an employee has failed to cooperate with its information requests or has acted dishonestly in this process, it may deny the exception accommodation request, and if appropriate, take disciplinary action, up to and including termination. I understand that if I am granted an exception accommodation, I may need to comply with alternate safety requirements.

By submitting this application to Masonite, I acknowledge that I have read and understand this form and that all statements made are complete and accurate to the best of my knowledge and I acknowledge that any misrepresentation may result in disciplinary action, up to and including termination.

I certify that I answered the above truthfully, to the best of my knowledge.

Employee Name: _____

Employee Number: _____

Employee Signature: _____

Employee Email: _____

Employee Phone Number: _____