



Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

School/Department: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Job Title: \_\_\_\_\_

Religious exemption process:

- Read the [COVID-19 Surveillance Testing](#);
- Complete and sign page (3) of this form.
- Submit the completed documents.

Incomplete submissions will not be reviewed. Please ensure all forms and documentation are submitted at one time.

Please select all that are applicable:

	I request exemption from the COVID-19 <b>surveillance testing</b> requirement due to my sincerely held <b>religious beliefs</b> . I understand and assume the risks of not testing for COVID-19. I accept full responsibility for my health, thus removing liability from Atlanta Public Schools.
	I request exemption from the COVID-19 <b>vaccination to be eligible for the paid leave incentive</b> due to my sincerely held <b>religious beliefs</b> . I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Atlanta Public Schools.

Please initial below:

	I understand that I may be temporarily excluded or reassigned from APS facilities and approved activities, if needed during the processing of this request. I agree to comply with these restrictions and accept responsibility for communicating with my supervisor and/or Office of Employee Relations/Absence Management as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to my supervisor and complete this self-report form for data tracking purposes: <a href="http://tinyAPS.com/?CovidStaffForm">http://tinyAPS.com/?CovidStaffForm</a> . I will not report to work in person until I have completed the required quarantine procedures based on Public Health guidance.
	I acknowledge that I have read the <a href="#">COVID-19 Surveillance Testing</a> .
	I understand and agree to comply with and abide by all APS COVID-19 policies and procedures.

	I understand that, if approved, this exemption is provisionally based on the current APS COVID-19 procedures and is subject to change based on the requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to APS disciplinary action if any of the information I provided in support of this exemption is false.

In the space below, please provide an employee statement and/or explanation that discusses the nature and tenets of your asserted beliefs and information about when, where, and how they follow the practice or belief for your **testing objection**. The test that will be administered is the [BinaxNow](#) Rapid Antigen Test by Abbott. [Here is the EUA](#) from the FDA with details of the test, its use, and applicability. The method we will be using is an anterior nasal swab. Please attach additional documentation, if necessary.

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If additional supporting documentation is requested in support of the exemption request, the employee can provide one of the following:

- Written religious materials describing the religious belief or practice.
- Written statements or other documents from third parties, such as religious leaders, practitioners, or others with whom the employee has discussed his or her beliefs, or who have observed the employee's past adherence.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 surveillance test.

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

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

Please return the completed Employee Accommodation Request Form to the Office of Employee Relations, **ATTN: TONI SELLERS-PITTS/ABSENCE MANAGEMENT**, using one of the following methods.

**Hand Delivery:** Atlanta Public Schools, **Attn: Office of Employee Relations –Toni Sellers-Pitts**, 130 Trinity Avenue, SW, Atlanta, Georgia 30303, **Fax:** (404) 802-1302

**Mail:** Atlanta Public Schools, **Attn: Office of Employee Relations –Toni Sellers-Pitts**, 130 Trinity Avenue, SW, Atlanta, Georgia 30303, **Email:** [Covid19Exempt@atlanta.k12.ga.us](mailto:Covid19Exempt@atlanta.k12.ga.us)