

Office of Employee Relations

130 Trinity Avenue SW Atlanta, Georgia 30303

Request for Religious Exemption from COVID-19 Surveillance Testing Form

Atlanta Public Schools (APS) requires that all faculty and staff comply with COVID-19 surveillance testing twice per week and other preventive requirements such as wearing a mask. A religious exemption may be granted if (1) the individual holds sincere religious beliefs, which are contrary to their practice, (2) completes this form, (3) engages in the interactive process and, (4) provides the required documentation and written statements to support the exemption request.

The types of documents accepted are as follows: (Please provide at least one of the following with each request submitted).

- Statements and explanations from the employee that discuss the nature and tenets of their asserted beliefs and information about when, where, and how they follow the practice or belief. (Use page 3 of this form or attach.)
- 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 their beliefs, or who have observed the employee's past adherence.

APS is committed to providing a safe, inclusive, and supportive experience for ALL employees and recognizes sincere observance of faith as it pertains to the practice of testing and vaccination.

While APS will carefully review all requests for religious exemptions, approval is not guaranteed. If approved, the exemption will remain in effect for the duration of the current academic year. APS will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified whether an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Name:			
	Last	First	MI

Email Addr	ess:	Phone:		
Mailing Add	dress:	G1.		
	Street	City	State	Zip Code
School/Depa	artment:			
Employee II)#:	Job Title:		
 Read Com Subn Incomplete s submitted at		is form.	forms and doc	rumentation are
I	request exemption from the			
(incerely held religious beli c COVID-19. I accept full resp Atlanta Public Schools.			\mathbf{c}
	request exemption from the			-
C	ncentive due to my sincerel of non-vaccination. I accept from Atlanta Public Schools.	full responsibility for		
Please initia	l 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:
http://tinyAPS.com/?CovidStaffForm. 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 COVID-19 Surveillance Testing.
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 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 <u>BinaxNow</u> Rapid Antigen Test by Abbott. <u>Here is the EUA</u> 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.	
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