



Human Resources Department  
1340 Braddock Place  
Alexandria, Virginia 22314  
www.acps.k12.va.us  
(703) 619-8168  
Fax (703) 619-8983

## CERTIFICATE OF RELIGIOUS EXEMPTION

Name \_\_\_\_\_ Employee I.D. Number \_\_\_\_\_

Position \_\_\_\_\_ Worksite \_\_\_\_\_

The administration of immunizing agents conflicts with my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease at my work location, the State Health Commissioner may order my exclusion from ACPS worksites, for my own protection, until the danger has passed.

In lieu of the administration of immunizing agents, I am requesting to undergo weekly testing for the COVID-19 virus, until further notice from ACPS administration. I agree to electronically submit a weekly COVID-test each Monday by 7:30 am. I understand if I do not comply with the weekly testing requirement, I will be subject to disciplinary action, to include separation of employment I understand that my records will be maintained in accordance with applicable confidentiality requirements.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### To be completed by the ACPS Department of Human Resources:

The Department of Human Resources has reviewed your request, and your request for the 2021-2022 School year is:

Approved

Denied

Approving Human Resources Representative:

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

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