

**COVID-19 VACCINATION – RELIGIOUS EXEMPTION**  
**FCPS SY2122**

*To be completed by the FCPS Employee:*

<b>Employee Name:</b>	
<b>Employee ID #:</b>	
<b>Work Location:</b>	
<b>Email Address:</b>	
<b>Phone #:</b>	

I attest that the administration of immunizing agents for COVID-19 conflicts with my religious tenets or practices.

*Insert initials*

[     ] I understand that my employer (FCPS) may require me to engage in regular testing to ensure I am not exposing others in the workplace to COVID19 as an unvaccinated person.

[     ] I understand that if approved, this religious exemption expires June 30, 2022.

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

\_\_\_\_\_  
**Date**

<b>TO BE COMPLETED BY: Equity and Employee Relations (EER), Department of Human Resources</b>	
<i>Exemption Request Approved</i> [     ]	<i>Exemption Request Not Approved</i> [     ]
<b>EER Director Signature:</b>	<b>Date:</b>

Please submit your completed form to Equity and Employee Relations (EER), Department of Human Resources via fax at 571-423-5051 or via email at [EERAdminSupportStaff@fcps.edu](mailto:EERAdminSupportStaff@fcps.edu)