## Stafford County Public Schools

## **Department of Human Resources**

31 Stafford Avenue Stafford, Virginia 22554-7246 Phone: 540-658-6560 Fax: 540-658-5970 Website: www.staffordschools.net

Email: humanresources@staffordschools.net

## Request for Accommodation from Covid-19 Vaccine Requirement

If you are required, as a condition of employment based on federal and/or state regulations, to show proof of vaccination against COVID-19, you may only be exempted from this requirement if you qualify for an accommodation under federal law. Employees may be eligible for an accommodation based on either (a) a medical condition that prevents vaccination or (b) a sincerely held religious objection to vaccination. Sufficient documentation must be shared for the request to be evaluated.

To request such an exception, please submit this form to Joseph Hernandez in Human Resources at <a href="https://hernandezj@staffordschools.net">hernandezj@staffordschools.net</a> or via interoffice mail. Please include documentation as described below based on your reason for requesting the accommodation. Submission of this form does not guarantee that an exception will be granted.

Staff with an approved exemption from the vaccine requirement must submit to weekly COVID-19

testing as the accommodation for this approval. If the exemption is not approved, staff must demonstrate vaccination no later than the deadline set by the relevant regulation.
Name: Employee ID:
Please initial next to your reason for seeking an accommodation from the requirement for vaccination against COVID-19, as required by federal and/or state laws as a condition of employment.
(A) I have a medical condition that prevents me from vaccination against COVID-19.
Please provide documentation from your medical provider stating either (a) they advise you not to receive any COVID-19 vaccine due to a medical condition, or (b) confirms you have a medical condition listed under "Contraindications" on the CDC's Contraindications and Precautions for clinical considerations for use of COVID-19 vaccines.
(B) I hold a sincere religious objection to vaccination.
Please provide a written statement detailing the religious principle(s) that are the basis for your objection to vaccination. You may attach additional materials, such as citations to published information, quotes and citation to religious text, statement from a faith leader, or other documentation showing your religious objects to vaccination.
The information provided is true and accurate to my understanding (please initial).
Signature:
Date: