



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

Emergency Covid Leave Vaccination Exception Request Form

If you have not been vaccinated and you request Emergency Covid Leave for your own positive test or quarantine directive from a health care provider, public health official, or SCPS official, you must request an exception from the vaccination requirement based on either (a) a medical condition that prevents vaccination or (b) a sincerely held religious objection to vaccination, and provide supporting documentation.

To request such an exception, please complete this form (either as a fillable PDF form or in hard copy), and submit to Joseph Hernandez in Human Resources at hernandezj@staffordschools.net or via interoffice mail. Attach or include requested documentation. Submission of this form does not guarantee that an exception will be granted. If an exception is not granted, any leave used will be charged to your individual leave balances (sick, personal, vacation, and/or leave without pay) subject to existing SCPS regulations.

Name: _____ Employee ID: _____

Please initial next to your reason for seeking an exception from the requirement for vaccination to access Emergency Covid Leave for your own medically advised isolation or quarantine.

(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: _____