

COVID-19 Employee Attestation

The information below is provided to the Department of Public Instruction on a voluntary basis. Employees not submitting an attestation will be considered unvaccinated.

I, _____, on _____ truthfully attest:
Name Date

___ I have not been vaccinated for COVID-19.

___ I have been partially vaccinated for COVID-19. I have received the first of two doses and have my second vaccination dose scheduled.

___ I have been partially vaccinated for COVID-19. I have received all doses of the vaccine, but have not yet met the time requirement for full vaccine effectiveness. I will meet the time period for full vaccine effectiveness on _____.

___ I have been fully vaccinated for COVID-19, I have received all required doses and have met the time requirement for full vaccination effectiveness.

___ I choose not to disclose my vaccination status. I understand that I will be considered unvaccinated for purposes of mask-wearing requirements and COVID-19 testing.

Current Masking Policies

Employees who have **not been vaccinated** will be required to wear a face covering (mask) over their nose and mouth while at work, unless alone in their office or workspace.

Employees who are **partially vaccinated** will be required to wear a face covering (mask) over their nose and mouth while at work, unless alone in their office or workspace, until they reach fully vaccinated status.

Employees who are **fully vaccinated** are exempted from the requirement to wear a face covering (mask) while at work. Fully vaccinated employees may wear a mask while at work if that is their choice.

Masking and COVID-19 testing policies will be continuously monitored to ensure the safety of employees.

Please comply with the current policies in effect.

The signature below:

- Attests that the information provided in the document is accurate and true;
- Signifies understanding that this is an official document of record.

Employee Signature: _____ Date: _____

"I declare that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties."