



COVID-19 VACCINE VERIFICATION FORM

Employee Name _____

Employee Time Clock Number _____

Department _____

By signing and returning this form, I acknowledge I have received all doses for a complete COVID-19 vaccine from a healthcare professional or clinic or will be tested weekly before teaching.

I acknowledge that falsely completing this form and/or making any misrepresentations about receipt of the vaccine will disqualify me from removing my mask while interacting with our customers and co-workers.

I also acknowledge that by falsely stating my vaccination status during a world pandemic may subject me to further discipline, including termination of my employment.

Signature _____

Date _____

If an employee is fully vaccinated, and has a signed verification form on file with HR, they will need to follow the current guidelines of the local Health Department as enforced by the company.

Instructions: To submit your COVID-19 Vaccine verification form, please send it to Human Resources via your Department Manager or it can be placed in the HR mailbox