CSUDH | HUMAN RESOURCES MANAGEMENT

Employee Certification of Pending COVID-19 Vaccination

Name: _____

Working Title: _____

Department: _____

Division: Select Division _____

Bargaining Unit:

- ☐ UAPD – Unit 1
- ☐ CSUEU – Units 2, 5, 7, 9
- ☐ CFA – Unit 3
- ☐ APC – Unit 4
- ☐ Teamsters – Unit 6
- ☐ SUPA – Unit 8
- ☐ UAW – Unit 11
- ☐ MPP
- ☐ C99
- ☐ Non-Represented

Date of 1st Vaccine: _____
(Please attach a copy of your vaccination card)

Date Scheduled for 2nd Vaccine: _____

I certify that I have received the first dose of a two-dose COVID-19 vaccine. I understand that I am required to complete the COVID-19 Self-Certification and upload proof of vaccination once I am fully vaccinated. I understand that this information may be shared with Appropriate Administrators on a need-to-know basis. I understand that I am required to participate in weekly COVID-19 surveillance testing until such time I can certify that I am fully vaccinated.

_____ _____

Signature Date