**Date** Click or tap to enter a date.

**Full Name** Click or tap here to enter text.

**SPS Workday ID (W#)** Click or tap here to enter text.

**Agency** Click or tap here to enter text.

**Vaccine Status** Choose an item.

1. **Employee Acknowledgment for Medical or Religious Exemption**

**By submitting this request for the $100.00 COVID-19 vaccination incentive, I understand and agree that as an unvaccinated employee, I may be required to submit to COVID-19 testing more frequently and wear required PPE.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

1. **Employee Acknowledgment for Fully Vaccinated Employee**

**By submitting this request for the one-time $100.00 COVID-19 vaccination incentive, I agree to remain fully vaccinated for a period of 12 months from the last shot required by the manufacturer of my COVID-19 vaccine. Note that a vaccinated employee may receive priority selection for certain assignments if, in the appointing authority’s judgment, to do so would place the employee or others at less risk for infection.**

**If booster shots are determined to be necessary, I will obtain the booster(s) to remain fully vaccinated. If I choose not to remain fully vaccinated for a 12-month period, I understand that I will be required to repay the $100.00 COVID-19 vaccination incentive. If booster shots become necessary, but are not readily available, I understand that I will not be required to repay the $100.00 COVID-19 vaccination incentive.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**For the Agency HR Office – This incentive is available through June 30, 2022. Upon receipt of the completed form, the Agency HR Representative shall:**

**Ensure a copy of the vaccination card is placed in the Employee’s Medical File unless the Employee is requesting a medical or religious exemption. An approved medical exemption must be placed in the Employee’s Medical File. An approved religious exemption must be placed in the Employee’s Official Personnel File.**

**The Agency HR Representative shall enter information in the Employee’s SPS/Workday record.**