



Attachment 01- COVID-19 Vaccine Memorandum of Election Form

GTS COVID-19 VACCINE MEMORANDUM OF ELECTION (SF-6)

____ (Initials) I understand that the Pfizer COVID-19 vaccination has been approved by the FDA, and that the other COVID-19 vaccinations currently available have been approved by the Food and Drug Administration under Emergency Use Authorization (EUA). I also understand that the owner of GTS is giving me 7 days to register for a vaccination and 30 days to receive both does of a two-dose series, or a single-dose vaccine. I must provide proof of effort to get vaccinated if I am not vaccinated within 30 days of the date of issuance of GTS' COVID-19 Workplace Safety and Immunization Policy.

| | | | |
|--|---------------------|---------------------------|-------------------------|
| At this time, the vaccine is offered in my area and available. | | I choose to (initial one) | |
| <input type="checkbox"/> | RECEIVE THE VACCINE | <input type="checkbox"/> | DECLINE THE VACCINE |
| Reason for Declination: (Medical, Religious) | | <input type="checkbox"/> | REQUEST ACCOMODATION |

____ (Initials) I understand that GTS has a responsibility to maintain a safe and healthful workplace for employees and I will not be able to re-enter the workplace after December 8, 2021 unless I receive the vaccination or reasonable accommodations for me are met (if applicable).

____ (Initials) I understand that the vaccine may require an initial dose and a booster dose for two dose vaccines or just one dose for single dose vaccines. The vaccine requirement is not met unless the entire process is completed, and I have provided proof of being vaccinated to GTS human resources.

____ (Initials) I understand that if I elect to decline the vaccination and cannot enter the workplace, I must use PTO or LWOP until I am terminated for not getting vaccinated or I am successful in receiving an accommodation.

Name (Print): _____

Project: _____

City/State: _____

Contact # and email: _____

Signature: _____

Date: _____