



GTS COVID-19 MEMORANDUM OF VACCINATION STATUS (SF-6)

NAME(print) _____ PROJECT _____

Place your initials at the beginning of all paragraphs which acknowledge your comprehension of the depicted information.

____ (Initials) I understand that Gemini Tech Services encourage and suggest that all employees be fully vaccinated but it is not a requirement for employment. Additionally, GTS asks that employees that are not fully vaccinated submit an Accommodation Request as previously offered and allowed under the law. Presently GTS employees are not required to get vaccinated, and most employees are not required to be tested. However, at some point the Government may change access requirements since they have the right to place access restrictions on facilities they control.

____ (Initials) I understand that if I am fully vaccinated, I must provide proof of vaccination to GTS Safety during the onboarding process or anytime within 1 workday of receiving a request for proof from the owner. I understand that if I am not fully vaccinated, I have the option of requesting an accommodation. I also understand that if I am not fully vaccinated, the Government (based on project location) may require periodic testing to enter their facilities for employment.

I am fully vaccinated and will submit proof of vaccination along with this document. (initials)

OR

I am not fully vaccinated and elect to:

RECEIVE THE VACCINE

Reason for Declination:

I choose to (initial one)

DECLINE THE VACCINE

**REQUEST
ACCOMODATION
(Medical or Religious only)**

____ (Initials) I understand that GTS has a responsibility to maintain a safe and healthful workplace for all employees. Based on project location and customer vaccination requirements, I may not be able entire the workplace unless I receive the vaccination, undergo periodic testing or reasonable accommodations for me are met (if applicable).

____ (Initials) I understand that the initial suggestion is to reach fully vaccinated status. I recognize that fully vaccinated status may become a requirement by the government at any time. I also acknowledge that maintaining fully vaccinated status may mean obtaining booster doses if they are required by the government in the future.

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

THE INFORMATION BELOW MUST BE FILLED OUT IN IT'S ENTIRETY.

City/State: _____ Phone Number: _____ Email: _____

Signature: _____ Date: _____

Gemini Tech Services, LLC

COVID-19 Memorandum of Vaccination Status, May 25, 2022

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