[Employer Name]

[Address of Employer’s Principal Place of Business]

[Employer’s Telephone Number]

[Employer’s Email Address]

To: Seattle Colleges Purchasing Department

Re: Proclamation by the Governor 21-14.1 COVID-19 Vaccination and Covid Health and Safety Requirement Employer Partner/Contractor Declaration

I hereby declare:

I am an authorized representative of [Employer Name], hereafter referred to as “Employer,” a party to a Seattle Colleges contract/ agreement or education partner organization with staff whose work location is a Seattle Colleges campus/facility.

Employer has obtained a copy of or visually observed proof of full vaccination against COVID-19 for every current employee who is subject to the vaccination requirement in the Governor’s Order.

Employer fully acknowledges, understands, and intends to comply with its continuing obligation under the Governor’s order to verify full vaccination against COVID-19 for every employee subject to the vaccination requirement in the Governor’s Order who is employed after the date and time of my signature below.

In granting any disability or religious accommodation to any employees otherwise subject to the vaccination requirements of the Governor’s Order, Employer has followed and intends to continue to follow the requirements that apply to State Agencies, operators of Educational Settings, and operators of Health Care Settings under Section 2 of the Governor’s Order.

***Additional Health and Safety Requirements for employees whose work location is a Seattle Colleges campus/facility. All such employees will:***

[ ]  \_\_\_\_ [*initial*] At all times wear a face covering that covers the mouth and nose while indoors (except while eating/drinking apart from others or alone in an office).

[ ]  \_\_\_\_ [*initial*] Complete the [Daily Wellness Screening online form](https://www.seattlecolleges.edu/coronavirus/current-covid-19-procedures) accessed on the Seattle Colleges website ([www.seattlecolleges.edu/coronavirus/current-covid-19-procedures](http://www.seattlecolleges.edu/coronavirus/current-covid-19-procedures)) each day before coming to campus (or upon arrival) and follow the instructions on the form regarding eligibility to enter a campus building.

***continued***

[ ]  \_\_\_\_ [*initial*] Notify Seattle Colleges Health and Safety Office if instructed to do so after completing the Daily Wellness Screening form, or by a campus official, or if the employee exhibits COVID-like symptoms while on campus or within 48 hours after leaving the campus.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct, and that I will notify Seattle Colleges of any future changes in any statement herein.

Signed on the [Date], at [City or other location, and State or Country].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)