



COVID-19 Vaccine Requirement International Employee Attestation

Please complete this form and submit it to your supervisor. Your supervisor will then confirm if you meet the criteria to be exempted from the [Employee COVID-19 Vaccine Requirement](#).

First Name: _____ Last Name: _____

NetID: _____ Date Completed: _____

Supervisor Name: _____

International Work Attestation

I attest that I only perform work outside of the United States and I do not expect to perform work in the United States in the foreseeable future.

Note: If this changes in the future and you no longer only perform work outside of the United States, you will need to notify Human Resources immediately at: HR-COVID19-Questions@email.arizona.edu

I attest that I currently perform work outside of the United States and I plan to perform work in the United States starting on this date: _____

I acknowledge that I either need to verify vaccination status showing I am fully vaccinated or be approved for a religious or medical/disability accommodation by the above stated work date.

Employee Signature (electronic or print & sign):

Date:

There are two ways to sign this form.

Use AdobeSign:

- 1. Click on the fillable box for "Employee Signature" and sign the form electronically.*
- 2. Be sure to save your signed copy.*

Or, print and sign the completed form. Scan the signed form to provide an electronic copy to your supervisor.

Next Steps: Email your completed form to your supervisor for review. Please allow 5 business days for your supervisor to confirm if you meet the criteria to be exempted from the [Employee COVID-19 Vaccine Requirement](#). If confirmed, you will receive a confirmation email. Please follow-up with your supervisor if you do not receive a confirmation email.