



CITY OF SAINT PAUL

ALASKA

ACKNOWLEDGEMENT AND RECEIPT

OF

CITY PERSONNEL POLICY NUMBER 10.34 – EMPLOYEE COVID-19 VACCINATION POLICY

I acknowledge that a copy of the City Personnel Policy Number 10.34 – Employee COVID-19 Vaccination Policy has been provided to me. Additionally, I acknowledge that the Human Resources Division reviewed this policy with me.

I acknowledge that I understand and agree to comply with the policies and any revisions, that I am bound by the provisions contained therein, and that my continued employment is contingent on following this policy.

Employee Name (Printed)

Employee Signature

Date