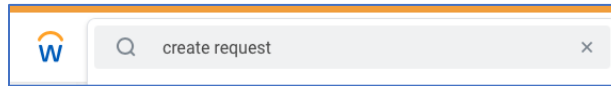
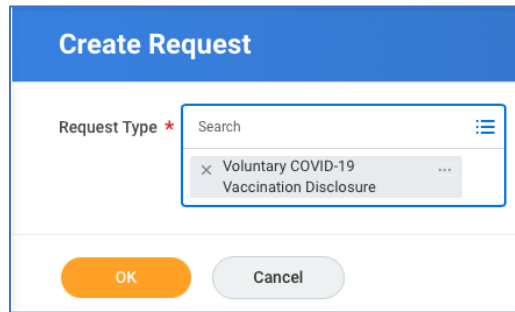


Voluntary COVID-19 Vaccination Disclosure request

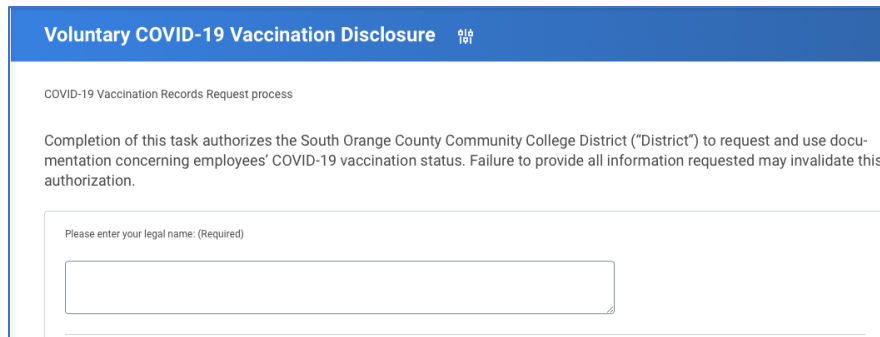
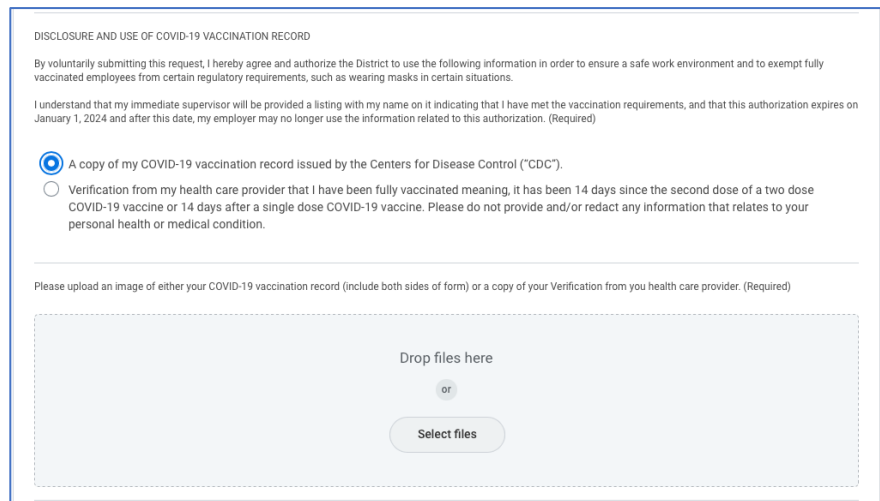
Step 1 – Log into Workday and enter “create request” in the search field



Step 2 – Select “Voluntary COVID-19 Vaccination Disclosure” in the Request Type field



Step 3 – Fill out and answer the questions in the form (make sure to read the instructions carefully)


A screenshot of the top portion of the "Voluntary COVID-19 Vaccination Disclosure" form. The title bar is blue with the text "Voluntary COVID-19 Vaccination Disclosure" and a small icon. Below the title bar, the text "COVID-19 Vaccination Records Request process" is displayed. A paragraph of text explains that completion of this task authorizes the South Orange County Community College District ("District") to request and use documentation concerning employees' COVID-19 vaccination status. Below the text is a text input field with the placeholder "Please enter your legal name. (Required)".A screenshot of the "DISCLOSURE AND USE OF COVID-19 VACCINATION RECORD" section of the form. The title bar is blue with the text "DISCLOSURE AND USE OF COVID-19 VACCINATION RECORD". Below the title bar, there is a paragraph of text explaining that by voluntarily submitting this request, the user agrees and authorizes the District to use the following information in order to ensure a safe work environment and to exempt fully vaccinated employees from certain regulatory requirements. Below the text is a paragraph of text explaining that the user understands that their immediate supervisor will be provided a listing with their name on it indicating that they have met the vaccination requirements, and that this authorization expires on January 1, 2024 and after this date, their employer may no longer use the information related to this authorization. Below the text are two radio button options: "A copy of my COVID-19 vaccination record issued by the Centers for Disease Control ("CDC")" (selected) and "Verification from my health care provider that I have been fully vaccinated meaning, it has been 14 days since the second dose of a two dose COVID-19 vaccine or 14 days after a single dose COVID-19 vaccine. Please do not provide and/or redact any information that relates to your personal health or medical condition." Below the options is a text input field with the placeholder "Please upload an image of either your COVID-19 vaccination record (include both sides of form) or a copy of your Verification from you health care provider. (Required)". Below the text input field is a large dashed box containing the text "Drop files here" and a "Select files" button.

(Continued on next page)

Voluntary COVID-19 Vaccination Disclosure request

(Continued from previous page)

Date of Last Dose (Required)

MM/DD/YYYY 

Vaccination Type (Required)

Pfizer

Moderna

Johnson & Johnson

I understand that this authorization is strictly voluntary. (Required)

Yes

No

I certify under penalty of perjury under the laws of the State of California that all statements contained in this authorization for use and disclosure of health information, and any other information or documentation submitted in conjunction with this authorization for use and disclosure of health information, is true and complete to the best of my knowledge. (Required)

Yes, I certify

I decline to certify

Step 4 – Click the Submit button to complete the request.