

Proof of Measles Immunity or Immunization Policy Acknowledgement

I understand that I am required, as a condition of employment, to provide proof of Measles Rubeola immunization or immunity, per the university's *Requiring Proof of Rubeola Measles Immunity* policy (POL-U1300.01).

In accepting this offer of employment, I acknowledge that:

Permanent Positions

- In the event of an officially declared outbreak, I will not be able to report physically to work:
 - If a waiver request is approved,
 - If a waiver request is pending, or
 - If I have not yet provided proof of immunity or immunization within the 60 day grace period.
- In the event I am not allowed to physically remain at or report to work, I may be required to use my available accrued leave or leave without pay per the policy, applicable bargaining unit agreement or handbook.
- My employment with the university will be **terminated** in 60 days from my hire date if documentation satisfactory to the university is not received by Human Resources or if a waiver request is not approved.

Temporary Positions

- In the event of an officially declared outbreak, I will not be able to report physically to work:
 - If a waiver request is approved,
 - If a waiver request is pending, or
 - If I have not yet provided proof of immunity or immunization.
- In the event I am not allowed to physically remain at or report to work, I may be required to use leave without pay based on my FLSA status, bargaining unit agreement and/or handbook if applicable.

Print Name

Supervisor Name:

Signature

Date

HR To Complete: PA Start Date: _____