



Policy Acknowledgement & Attestation of Intent

Hilltop's COVID-19 Vaccine Policy

You have been given a copy of Hilltop's COVID-19 Policy. Please complete the two sections below and sign under each.

Policy Acknowledgement

I, _____, have reviewed and understand Hilltop's COVID-19 Vaccine Policy ("Policy"). I understand that as a Hilltop employee, I am required to attain full COVID-19 vaccination status or request and obtain an exemption as outlined in the Policy as a condition of my continued employment.

Please print your full name

Signature

Date

Attestation of Intent

To declare your intent to comply with this condition of employment, please select one of the four options and sign below:

- ☐ 1. I have received both doses of a 2-dose COVID-19 vaccine (or 1 dose of a single-dose vaccine) and will provide proof as outlined in the Policy no later than October 31, 2021.
- ☐ 2. I will obtain both doses of a 2-dose COVID-19 vaccine (or 1 dose of a single-dose vaccine) and provide proof as outlined in the Policy no later than October 31, 2021.
- ☐ 3. I will apply for an exemption using Hilltop's request for exemption forms found on the Hilltoppers portal. If my request is denied, I will work with my supervisor to discuss my plan.
- ☐ 4. I do not intend to attain full COVID-19 vaccine status. I understand this means my last day at Hilltop will be no later than October 31, 2021.* I also understand by selecting this option, Hilltop will begin recruiting for my position. If I change my mind, I understand I am not guaranteed continued employment.

*

Use this space to document mutually agreeable plan for this transition period.

Signature

Date

Note: If you choose to not sign the Attestation of Intent by ___/___/___ such refusal will result in a default to Option #4.