

ATTACHMENT 3: Email to Employees

Please select the status below that coincides with your COVID-19 vaccination status.

I am fully vaccinated for COVID-19.

Personnel are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

I am not yet fully vaccinated for COVID-19.

Personnel are considered "not yet fully vaccinated" if they have received their first dose of the Moderna or Pfizer vaccine, and their second appointment is scheduled, or if they received their final dose of a vaccine [e.g. the second dose of a two-dose vaccine (e.g. Pfizer or Moderna) or their single dose of a one-dose vaccine (e.g. Johnson & Johnson/Janssen)] less than two weeks ago.

I have not been vaccinated for COVID-19.

Personnel are considered not vaccinated if they have not received any dose of a COVID-19 vaccination. Personnel are not required to provide a reason for not being vaccinated.

I decline to respond.

Personnel may choose not to provide their vaccination status for any reason at this time.

Effects of Certification of Vaccination or Failure to Respond

Providing this information is voluntary. However, per the Safer Federal Workforce Taskforce, personnel who are not fully vaccinated will be subject to enhanced workplace safety protocols, including with respect to face coverings, physical distancing, travel, quarantine, and at least weekly COVID-19 testing if they are entering the workplace. Personnel who decline to provide their vaccination status or do not send a response to this form will be assumed to be not fully vaccinated for purposes of application of the workplace safety protocols. Note that personnel who are not yet fully vaccinated will be treated as not fully vaccinated (e.g. subject to enhanced workplace safety protocols) until they are at least two weeks past their final COVID-19 vaccination dose. Personnel whose vaccination status changes (e.g. personnel who become fully vaccinated and/or wish to update their response) should return to this email and resubmit their vaccination status.

Attestation of Accuracy of Response

By responding to this form, I attest that I understand that a knowing and willful false statement on this submission can be punished by fine or imprisonment or both (18 U.S.C. 1001). Checking "I decline to respond" does not constitute a false statement. I understand that making a false statement on this response could result in additional administrative action including an adverse personnel action up to and including removal from my position.

PRIVACY ACT STATEMENT

Authority: We are authorized to collect the information requested on this form pursuant to Executive Order 13991, *Protecting the Federal Workforce and Requiring Mask-Wearing* (Jan. 20, 2021); Executive Order 12196, *Occupational Safety and Health Program for Federal Employees* (Feb. 26, 1980); and 5 U.S.C. chapters 63, and 79.

Purpose: This information is being collected and maintained to promote the safety of Federal buildings and the health and safety of the Federal workforce consistent with the above-referenced authorities, the *COVID-19 Workplace Safety: Agency Model Safety Principles* established by the Safer Federal Workforce Task Force, and guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration. This information may be used to determine the workplace safety requirements for Agency personnel.

Routine Uses: This information may be disclosed to Agency employees with a need to know, and, per the routine uses found in the system of records notice associated with this collection of information, EPA-89, Public Health Emergency Workplace Response System, 86 Fed. Reg. 34738 (June 30, 2021), available at <https://www.federalregister.gov/documents/2021/06/30/2021-13989/privacy-act-of-1974-system-of-records>. For example, Routine Use disclosures may be made to: appropriate public health authorities to address communicable disease exposures and to satisfy applicable reporting requirements; to Federal, State, local, tribal or foreign government agencies to combat significant public health threats; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding administrative proceedings; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal Government; and as necessary and relevant in the course of litigation or for law enforcement purposes.

Voluntary Disclosure and Consequences of Failure to Provide Information:

Providing this information is voluntary. However, if you fail to provide this information, you will be treated as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing, travel, and quarantine.