

## EMPLOYER CONFIRMATION OF ESSENTIAL WORKER STATUS FOR COVID-19 VACCINE

Name of Essential Worker: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

The above person works as /at (check option that applies):

<input type="checkbox"/> Harbor/Dock worker	<input type="checkbox"/> Early Child Education Staff	<input type="checkbox"/> Food Service (Restaurants/food trucks/bakery etc.)
<input type="checkbox"/> Maui Electric Company	<input type="checkbox"/> School (Elementary, Middle School, High School) Staff	<input type="checkbox"/> Food delivery
<input type="checkbox"/> Hawaiian Telecom	<input type="checkbox"/> College Staff	<input type="checkbox"/> Grocery Workers
<input type="checkbox"/> Spectrum Telephone and Internet	<input type="checkbox"/> Transportation (public transport, ride share, taxi services, shuttles)	<input type="checkbox"/> USPS

Name of Company: \_\_\_\_\_

Name of Supervisor/HR: \_\_\_\_\_

Signature of Supervisor/HR: \_\_\_\_\_

Date: \_\_\_\_\_