**HOME SUPPORT NORTH**

**COVID-19 Booster Vaccination Confirmation Form**

Frontline Home and Community Support Worker & Disability Supported Living Worker

**Why do I need to sign this form?**

Signing this form allows funding to be released from the Ministry of Health, to your employer, and then to you, as payment for time and travel to receive your COVID-19 Pfizer booster vaccine.

**Please confirm the following:**

[ ]  I understand that my employer will pass on the following information to the Ministry of Health

* + My staff ID that’s in the payroll system
	+ My job title
	+ My pay rate

[ ]  I understand that my information is kept securely by the Ministry of Health for 7 years

[ ]  I confirm that I have received a COVID-19 Pfizer booster vaccine.

Please complete and return to the office no later than 30th of May to ensure payment. We won’t be able to process any forms after this date. Payment will be made once funds have been received from Ministry of Health, expected late June.

Employee name: Click here to enter text.

Date: Click here to enter a date.

Signature: (Type name to indicate signature) Click here to enter text.

Employer Representative name: Click here to enter text.

Date: Click here to enter a date.

Signature: (Type name to indicate signature) Click here to enter text.