

**ONE COPY EMPLOYEE
ONE COPY DEPARTMENT
ORIGINAL DEPARTMENT OF PERSONNEL**

**CERTIFICATION AND DECLARATION
Administrative Regulation No. 151**

I hereby certify that on the date indicated below I received a copy of the City of St. Louis, Department of Personnel Administrative Regulation No. 151, Employee COVID-19 Vaccination Declaration/Testing, that is effective October 22, 2021. I have read the administrative regulation and understand that employees who violate this administrative regulation may be subject to discipline up to and including dismissal.

_____ Employee's Name (Print)	_____ Class Title
_____ Signature	_____ Date
_____ Department	

I certify that the employee named above was provided with a copy of the Administrative Regulation No. 151, Employee COVID-19 Vaccination Declaration/Testing, and a copy of this form on the date indicated above.

_____ Supervisor's/Manager's Signature	_____ Class Title
_____ Department	_____ Date

This Certification and Declaration must be signed and dated by the employee and the issuing supervisor/manager.