

# OSHA ETS VACCINATION STATUS STEP-BY-STEP GUIDE

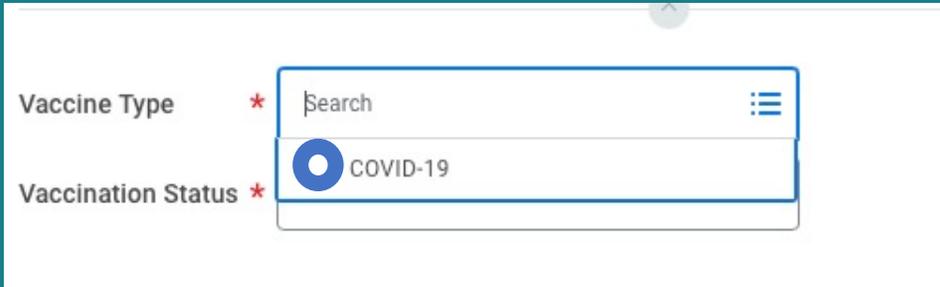


All W-2 (paid) Navigator Employees are required to provide documentation of vaccination status in Workday.

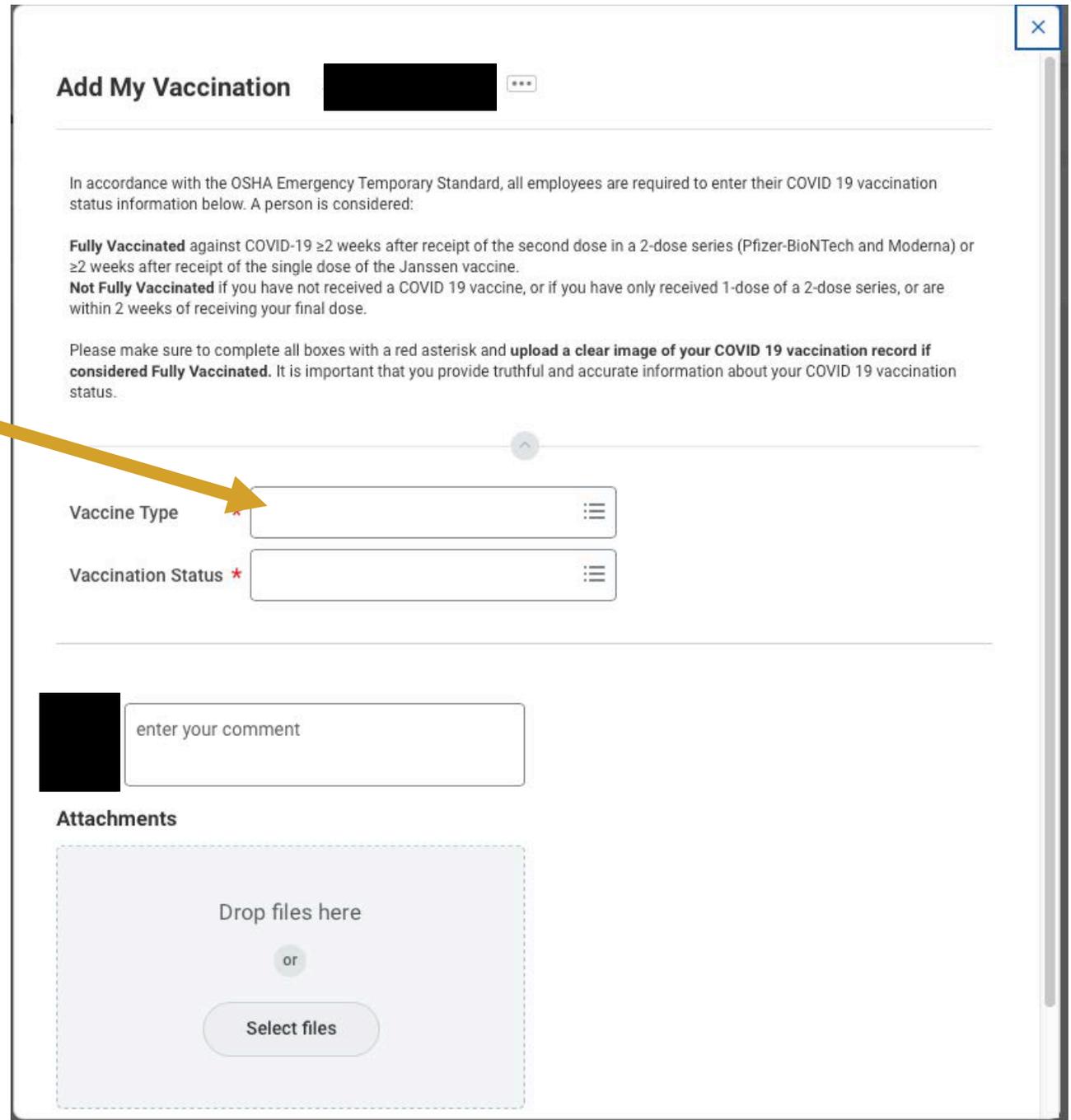
Please login to Workday and look for the announcement named “Add your Vaccination Status” on your home page. Then, select “Add My Vaccination”.

The screenshot shows the Workday home page interface. At the top left is the Workday logo (a blue 'W' with a yellow arc above it). To the right is a search bar containing the text 'Announce'. Below the search bar is a white banner that says 'Welcome, [redacted]'. Underneath the banner is a section titled 'Announcements' with a yellow megaphone icon and '3 items'. The first announcement is titled 'COVID-19 VACCINE TRACKER' and is highlighted with a red rectangular border. The announcement text reads: 'Add your Vaccination Status' followed by 'In accordance with the OSHA Emergency Temporary Standard, The Navigators is required to track the COVID 19...'. Below the text is a yellow button labeled 'Add My Vaccination'. An orange arrow points from the text in the left sidebar to this button. Below the announcement is another section titled 'The Beacon - Field Ministry Opportunities' with a small image of a lighthouse and the text 'The Beacon' with an external link icon. On the right side of the page, there is a vertical sidebar with several icons and labels: a puzzle piece icon labeled 'Applic: 20 item', a person icon labeled 'Personal Information', and a briefcase icon labeled 'Field Staff Separation'.

To submit your vaccine status, please first select your vaccine type as “COVID-19” by clicking on the Vaccine Type box.



A close-up of the 'Vaccine Type' dropdown menu. The label 'Vaccine Type' is followed by a red asterisk. The dropdown box contains a search bar with the text 'Search' and a list of options. The 'COVID-19' option is selected, indicated by a blue circle next to it. Below the dropdown is the 'Vaccination Status' label, also followed by a red asterisk.



**Add My Vaccination** [Redacted] [Menu]

In accordance with the OSHA Emergency Temporary Standard, all employees are required to enter their COVID 19 vaccination status information below. A person is considered:

**Fully Vaccinated** against COVID-19  $\geq 2$  weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna) or  $\geq 2$  weeks after receipt of the single dose of the Janssen vaccine.  
**Not Fully Vaccinated** if you have not received a COVID 19 vaccine, or if you have only received 1-dose of a 2-dose series, or are within 2 weeks of receiving your final dose.

Please make sure to complete all boxes with a red asterisk and **upload a clear image of your COVID 19 vaccination record if considered Fully Vaccinated**. It is important that you provide truthful and accurate information about your COVID 19 vaccination status.

Vaccine Type \* [Dropdown menu]

Vaccination Status \* [Dropdown menu]

[Redacted] enter your comment

**Attachments**

Drop files here

or

Select files

Then, please enter your Vaccination Status by clicking the Vaccination Status box.

A close-up of the 'Vaccination Status' dropdown menu. The 'Vaccine Type' field is above it, with two radio button options: 'Fully Vaccinated' and 'Not Fully Vaccinated'. The 'Vaccination Status' field is a dropdown menu with a search bar and a menu icon.

You are considered **Fully Vaccinated** against COVID-19  $\geq 2$  weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna) or  $\geq 2$  weeks after receipt of the single dose of the Janssen vaccine. *\*Please note, this does not include booster vaccines. You will not need to enter booster vaccination information at this time.*

You are considered **Not Fully Vaccinated** if you have not received a COVID 19 vaccine, or if you have only received 1-dose of a 2-dose series, or are within 2 weeks of receiving your final dose.

A screenshot of the 'Add My Vaccination' form. The form title is 'Add My Vaccination' followed by a redacted name and a menu icon. Below the title is a horizontal line. The main text reads: 'In accordance with the OSHA Emergency Temporary Standard, all employees are required to enter their COVID 19 vaccination status information below. A person is considered:'. This is followed by two paragraphs: 'Fully Vaccinated against COVID-19  $\geq 2$  weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna) or  $\geq 2$  weeks after receipt of the single dose of the Janssen vaccine.' and 'Not Fully Vaccinated if you have not received a COVID 19 vaccine, or if you have only received 1-dose of a 2-dose series, or are within 2 weeks of receiving your final dose.'. Below this is another paragraph: 'Please make sure to complete all boxes with a red asterisk and upload a clear image of your COVID 19 vaccination record if considered Fully Vaccinated. It is important that you provide truthful and accurate information about your COVID 19 vaccination status.'. There is a scroll bar on the right side of the form. Below the text are two dropdown menus: 'Vaccine Type' and 'Vaccination Status', both with red asterisks and menu icons. Below these is a text input field with a redacted name and the placeholder text 'enter your comment'. At the bottom is an 'Attachments' section with a dashed border, containing the text 'Drop files here', 'or', and a 'Select files' button.

If you are considered **not fully vaccinated**, please skip the next 2 slides.

If you are considered **Fully Vaccinated**, you will need to completely fill out this screen.

1. First, enter your Vaccine by selecting the vaccine provider.

Vaccination Status \*  Johnson & Johnson's Janssen  
 Moderna  
 Pfizer-BioNTech

Vaccine

2. Then, enter your vaccination event type as "Final Dose Completed by Date Below".

Vaccine

Vaccination Event Type  Final Dose Completed by Date Below

3. Finally, enter your Vaccination Event Date for the day you received your FINAL DOSE of a 2-dose series OR the date you received your single dose of a 1-dose series. \*Booster Vaccine dates not included.

Vaccination Event Type

Vaccination Event Date \* MM/DD/YYYY

Attestation I declare that information about my COVID 19 vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties. Note: This information will be maintained by Human Resources securely and separately from personnel records and will be subject to strict confidentiality requirements.

Confirm \*

**Fully Vaccinated** against COVID-19  $\geq 2$  weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna) or  $\geq 2$  weeks after receipt of the single dose of the Janssen vaccine.

**Not Fully Vaccinated** if you have not received a COVID 19 vaccine, or if you have only received 1-dose of a 2-dose series, or are within 2 weeks of receiving your final dose.

Please make sure to complete all boxes with a red asterisk and **upload a clear image of your COVID 19 vaccination record if considered Fully Vaccinated**. It is important that you provide truthful and accurate information about your COVID 19 vaccination status.

Vaccine Type \* COVID-19

Vaccination Status \* Fully Vaccinated

Vaccination Details

Vaccine

Vaccination Event Type

Vaccination Event Date \* MM/DD/YYYY

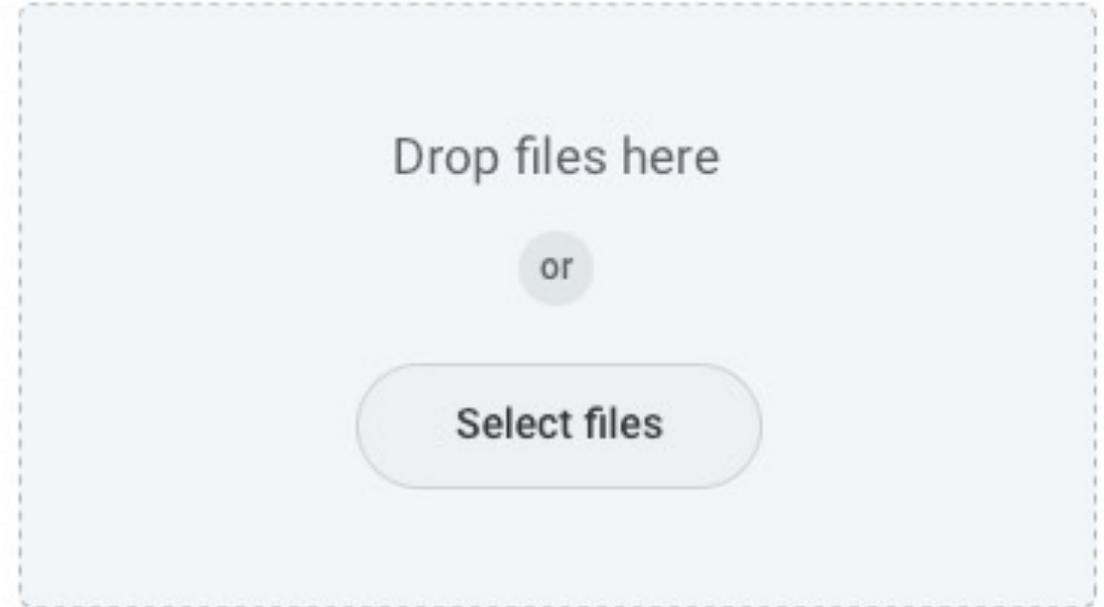
Attestation I declare that information about my COVID 19 vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties. Note: This information will be maintained by Human Resources securely and separately from personnel records and will be subject to strict confidentiality requirements.

Confirm \*

If you are considered Fully Vaccinated, please add a clear image or scanned copy of your vaccination record to the attachments section **BEFORE** confirming your attestation and submitting your vaccination status.

An employee who does not possess their COVID-19 vaccination record (e.g., because it was lost or stolen) should contact their vaccination provider (e.g., local pharmacy, physician's office) to obtain a new copy or utilize their state health department's immunization information system.

### Attachments



*\*In instances where an employee is unable to produce acceptable proof of vaccination a signed and dated attestation by the employee will be acceptable. \*see next slide*

## IMPORTANT

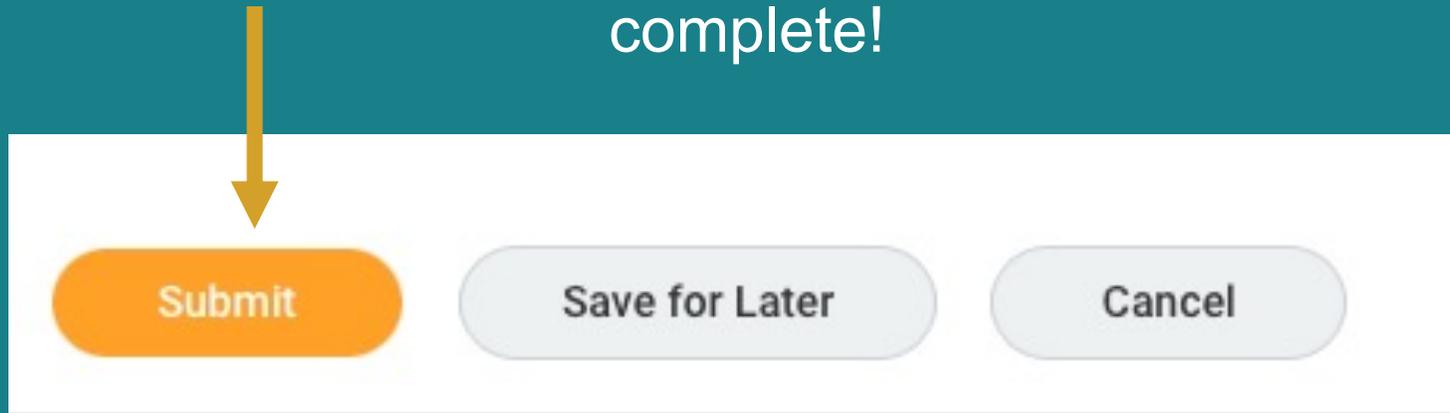
All Employees are required to confirm an attestation to declare that the information they have provided regarding their COVID-19 vaccination status is true and accurate. Please read your COVID-19 vaccination status attestation before confirming and submitting your vaccination status with The Navigators.

**Attestation** I declare that information about my COVID 19 vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties. Note: This information will be maintained by Human Resources securely and separately from personnel records and will be subject to strict confidentiality requirements.

Confirm \*

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Finally, you will need to submit your vaccination status. Once submitted you are complete!



If you have issues logging into Workday or submitting your vaccination status in Workday please contact **Staff Services** at [staff.services@navigator.org](mailto:staff.services@navigator.org).

For questions regarding the OSHA ETS, please visit the [OSHA ETS FAQ page](#) for more information on scope, employer requirements, penalties, and more.

For all other questions, please email the **COVID-19 ETS Response Team** at [benefits@navigator.org](mailto:benefits@navigator.org).

