EMPLOYER ATTESTATION
For workers in Food and Agriculture, Emergency Response and Early Childhood Education and Childcare

A hand-written letter on official letterhead is acceptable, as long as all the information below is included.

[Insert employer letterhead here]

Date: Click or tap to enter a date.

I NAME OF STAFF COMPLETING FORM attest that NAME OF EMPLOYEE is:

• Employed as a NAME OF OCCUPATION and works in one of the Food and Agriculture, Early Childhood Education and Childcare, or Emergency Response categories that are eligible to receive COVID-19 vaccination, and
• Working in person at a worksite, and
• Employed by NAME OF BUSINESS located at: ADDRESS OF BUSINESS.

Job Title of Staff completing Form: ________________________________

Signature of staff completing form: ________________________________

LAC DPH 3/1/21 Employer (computer)