



EMPLOYMENT &  
HUMAN SERVICES

M E M O R A N D U M

Kathy Gallagher, Director

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To: All Staff, Code 2A

Date: June 25, 2021

From: Debora Boutté, Personnel Services Officer

Subject: Please Read: Update to Guidance on Use of Face Coverings / Mask Mandate Process

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In light of new information from the County, please review the following process regarding Guidance on the Use of Face Coverings/Mask Mandate.

NEW GUIDANCE: If you are a fully vaccinated employee who would like to work without a face covering, complete the Self-Attestation form, print, sign, and scan it via email to your direct supervisor with a copy to Personnel Services ([Julie.bloxham@ehsd.cccounty.us](mailto:Julie.bloxham@ehsd.cccounty.us)).

If you do not have access to a scanner, you may send one hard copy of the signed Self-Attestation form to Personnel using the address below in a confidential envelope and provide one copy to your direct supervisor.

EHSD Personnel  
ATTN: Julie Bloxham  
40 Douglas Drive  
Martinez, CA 94553

Only wet signatures are acceptable. Typed names, electronic signatures including DocuSign, and blanks in the signature field will not be accepted.

The Employee Self-Attestation form is available on the EHSD Intranet Personnel Page [here](#) and may be found via search in STARS. It is also attached to this memo.

Please contact your assigned Departmental HR Analyst for questions regarding this memo.



# CONTRA COSTA COUNTY EMPLOYEE SELF-ATTESTATION OF COVID-19 VACCINATION STATUS

First name \_\_\_\_\_ Last name \_\_\_\_\_

Employee ID No \_\_\_\_\_

Effective June 17, 2021, Cal/OSHA's COVID-19 Emergency Temporary Standard (ETS) (T8 CCR 3205) permits employers to allow fully vaccinated employees to work indoors without wearing a face covering.\* Employees who are not fully vaccinated or whose vaccination status is not documented are required to continue wearing face coverings in the indoor work environment.

If you are fully vaccinated and choose not to wear a face covering in the workplace, please sign and date this form self-attesting that you are fully vaccinated. You are considered "fully vaccinated" if it has been at least 14 days since you either received the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved, have an emergency use authorization from the FDA, or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

I understand that I must provide accurate information regarding my vaccination status. By signing below, I hereby attest that I am fully vaccinated against COVID-19:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Employees who work in certain facilities, such as detention and health care settings, may be required to wear face coverings regardless of vaccination status. Check with your department on whether this applies to your worksite.