Employee Vaccine Affidavit

Commonwealth of Kentucky

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEFORE ME, the undersigned Notary, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[name of Notary before whom affidavit is sworn]*, on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[day of month]* day of \_\_\_\_\_\_\_\_\_ *[month]*, 20\_\_\_\_ personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[name of affiant]*, known to me to be a credible person of lawful age, who being by me first duly sworn, on \_\_\_\_\_\_\_\_\_ *[his or her]* oath, deposes and says:

Affiant understands that as a fully vaccinated substitute employee of a school district or an employee that provides services to more than one school district they are eligible for a vaccine incentive payment. Under penalty of perjury, affiant affirms that even though they may provide services to more than one school district they are only eligible for a single incentive payment and that they are applying for and will receive the vaccine incentive payment from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school district.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of affiant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of affiant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of affiant, line 1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of affiant, line 2

Subscribed and sworn to before me, this \_\_\_\_ *[day of month]* day of \_\_\_\_\_\_\_\_\_\_\_ *[month]*, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Notary

NOTARY PUBLIC

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.