



# Acknowledgement of Receipt

I acknowledge receipt and understanding of KSI's COVID-19 Vaccination Policy. And understand that if I have any questions regarding this Handbook or the information contained in it, I may discuss them with Human Resources.

Vaccinated for COVID-19  Not currently Vaccinated, but willing to be for COVID-19 before first day

Requesting medical accommodation for COVID-19 Vaccine  Requesting religious accommodation for COVID-19 Vaccine

**FOR FLORIDA EMPLOYEES ONLY**  
Requesting mask accommodation

\_\_\_\_\_  
Full Name | Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By adding your digital signature using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.