



**Overview:** This document provides an overview on how to report your current COVID19 vaccination status. A fully vaccinated status is certifiable after the following post inoculation-waiting period:

- Two weeks (14 days) after their second shot in a 2-dose series
- Two weeks (14 days) after a single shot vaccine
- Boosters must be received with 30 days of eligibility

### Log In

1. Navigate to **MyHR** (<https://www.csueastbay.edu/myhr/>)

2. Enter your **NetID, Password** and Click **SIGN IN**

3. Select the **Employee** tab.

### Page Navigation and Self-Certification

4. Click the “COVID19 Self Certification” hyperlink located below the Personal Information header

5. In Section I, populate the applicable checkbox:

**Section I: Self-Certification of COVID-19 Vaccination Status**

You must select one of the following options:

- I certify that I have received an [approved vaccine](#) and that my COVID-19 vaccination status is [fully vaccinated](#). I understand that I may be expected to provide [supporting documentation](#) to this effect immediately upon request.
  
- I certify that I qualify for a [medical exemption](#) and have not received a COVID-19 vaccine and/or booster, nor do I plan to. I understand that I may be expected to provide [supporting documentation](#) to this effect immediately upon request.
  
- I certify that I qualify for a [religious exemption](#) and have not received a COVID-19 vaccine and/or booster, nor do I plan to. I understand that I may be expected to provide [supporting documentation](#) to this effect immediately upon request.
  
- I confirm that at this time I will not be physically accessing or performing work at CSU facilities but understand that if this changes, I must certify that I am either current on my COVID-19 vaccination status or that I qualify for a medical or religious exemption.

6. Fully vaccinated employees will be required to provide:

- Vaccine manufacturer
  - Johnson & Johnson
  - Moderna
  - Not Listed Single-Dose Vaccine
  - Not Listed Two-Dose Vaccine
  - Pfizer

***If a "Not Listed Single-Dose Vaccine" or "Not Listed Double-Dose Vaccine" is selected, you will be required to identify the name of the vaccine manufacturer***

- ***For "Not Listed", please specify the name of the manufacturer***
- Date first dose was received
- Date second dose was received (for 2 dose series only)
- Booster was received (if applicable)

Location Data:

- Facility name
- City
- State / Province / Region
- Country

\*Listed Vaccine Manufacturer

Please provide the following information:	
*Manufacturer of your COVID-19 vaccine	<input type="text" value="Pfizer"/>
*Date Received 1st Dose	<input type="text" value="04/01/2021"/>
*Date Received 2nd Dose	<input type="text" value="05/20/2021"/>
Location of vaccination received:	
Facility (if known):	<input type="text" value="Kaiser"/>
City:	<input type="text" value="San Leandro"/>
State / Province / Region:	<input type="text" value="CA"/>
Country:	<input type="text" value="United States"/>

\*Not Listed Vaccine Manufacturer

Please provide the following information:

\*Manufacturer of your COVID-19 vaccine: Not Listed Two-Dose Vaccine

\*For 'Not Listed', please specify the Manufacturer: [Empty text box]

\*Date Received 1st Dose: 04/01/2021

\*Date Received 2nd Dose: 05/20/2021

Location of vaccination received:

Facility (if known): Kaiser

City: San Leandro

State / Province / Region: CA

Country: United States

7. Review and populate the checkbox in Section II: Self-Attestation of Accuracy of Information Provided

Section II: Self-Attestation of Accuracy of Information Provided

I confirm that the information I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty, may subject me to discipline pursuant to [California Education Code Section 89535](#).

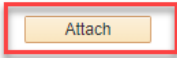
8. Please upload a copy of your **Vaccination Record Card** *only* in Section III – Attachments: Proof of COVID-19 Vaccination

9. Click the “Attach” button to add an attachment

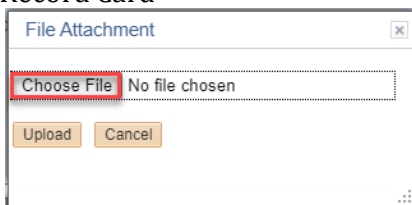
Section III - Attachments: Proof of COVID-19 Vaccination

Upload a copy of your proof of COVID-19 Vaccination. An example of proof is a COVID-19 Vaccination Record Card, QR Code from the State of California, letter from a health care provider, etc.

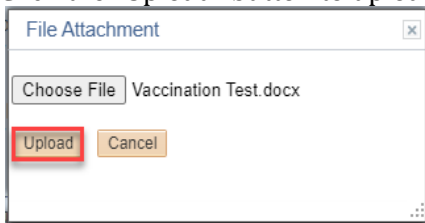
Attached File:



10. Click the “Choose File” button to upload a copy of your previously saved COVID-19 Vaccination Record Card



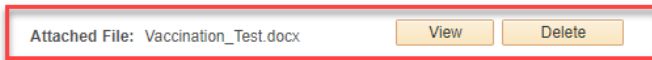
11. Click the “Upload” button to upload your file



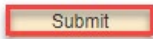
**12.** Verify the Attached File field is populated

**Section III - Attachments: Proof of COVID-19 Vaccination**

Upload a copy of your proof of COVID-19 Vaccination. An example of proof is a COVID-19 Vaccination Record Card, QR Code from the State of California, letter from a health care provider, etc.



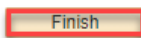
**13.** Click the “Submit” button of finalize your entry



**14.** Click the “Finish” button to be redirected to the Employee tab

**COVID 19 Vaccination Self-Certification**

Thank you for submitting your COVID-19 Vaccine information. Click "Finish" to return to the Homepage.



**Whom to Contact for Help?**

Please log a service ticket via the [Service Desk](#)