



Supplier/Contractor Name: \_\_\_\_\_

UVM Originating Department Contact: \_\_\_\_\_

Scope of work (brief): \_\_\_\_\_

Facilities to be accessed: \_\_\_\_\_

**ACKNOWLEDGEMENT OF COVID-19 COMPLIANCE**

As a UVM contracted supplier, \_\_\_\_\_ represents that our business  
*(insert your business name here)*

does/will employ the precautionary measures, protocols, and training for our workforce in compliance with the State of Vermont and Federal Executive Orders and guidance, as well as the Centers for Disease Control (CDC) and/or VT Department of Health recommendations related to COVID-19, as such orders and guidance change from time to time (which may be frequently).

We also certify/verify/represent that our employees who are on UVM campus will schedule their work to maintain adequate distancing, perform hand-hygiene upon entering facilities, wear face coverings, and abide by all UVM guidance and directions.

We certify that we have a written COVID-19 Response Plan where required by state and/or federal agencies. We understand that UVM reserves the right to request a copy of our COVID-19 Response Plan.

We certify that we have completed health and safety training as required by the State of Vermont and/or UVM.

We further represent that we will not knowingly allow any of our employees to enter UVM buildings, or to be present on the UVM campus, who:

- Are experiencing, or have experienced in the past 72-hours, [any COVID-19-related symptoms](#) (per CDC);
- Have received a positive result for COVID-19 test and have not been cleared by a medical professional;
- Have had close contact ([as defined by CDC](#)) with a person with COVID-19 in the past 14 days;
- Have traveled to Vermont from out of state and are subject to [Vermont state travel quarantine](#); or
- Are subject to other quarantine required by the [Vermont Department of Health](#).

We will also communicate by email with our UVM contact as soon as we become aware that any of our employees is confirmed to have a COVID-19 infection and has entered any UVM facilities in the fourteen (14) days prior to confirmation of the infection (without revealing the employee’s identity), and share information that will allow UVM to determine which of its employees and facilities may have been exposed.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Authorized Signature & Date

\_\_\_\_\_  
Typed Name/Title

**Please have a duly authorized agent immediately sign, scan and return the acknowledgement via e-mail to your UVM Contact and to [purchase@uvm.edu](mailto:purchase@uvm.edu).**



**FOR OUT OF STATE SUPPLIERS/CONTRACTORS ONLY**

If the scope of your work for the University of Vermont involves sending personnel to the state of Vermont, and your work needs to be authorized, please ask your UVM contact to complete the following work authorization statement.

**Up-to-date definitions for essential travel and any exceptions currently in place are explained on the [Travel to Vermont website](#).**

**WORK AUTHORIZATION STATEMENT**

The scope of the work described on this form is authorized to support UVM activities that either are deemed essential to public health and safety, economic, or national security, or are allowed under the [Phased Work Safe guidance of the State of Vermont](#).

Signed: \_\_\_\_\_  
UVM Originating Department Dean/Director/Chair or Safety Officer