## SUNY SCHENECTADY

## COVID-19 Statement of College Employee COVID-19 Pool Testing

Empl	oyee Name:	
Empl	oyee Sign:	
Department:		
Date:		
Supe	rvisor:	
		vised that I do not wish to participate, on a bi-weekly basis, in the ol Testing Program.

Please complete this form, and email it to Employeescovid19@sunysccc.edu