

**REQUEST FOR EXCUSED ABSENCE**  
City of Chula Vista Boards, Commissions, and Committees

Name: Norman Paddock Date of Absence: August 11, 2021

Board/Commission/Committee: Housing Advisory Commission

Chula Vista Municipal Code section 2.25.110 (C) allows board/commission/committee members, by a majority vote, to excuse a fellow board, commission, or committee member's absence from a meeting for any of the reasons listed below. **A member who is absent from three consecutive, regular meetings will be deemed to have vacated his or her membership, unless the member's absence is excused by a majority vote of the other members.** An absence is only recorded as "excused" upon receipt of a member's request and majority vote of the board/commission/committee to excuse the absence. Accordingly, if you have been absent from a regular meeting, please complete and submit this form to the chair or secretary.

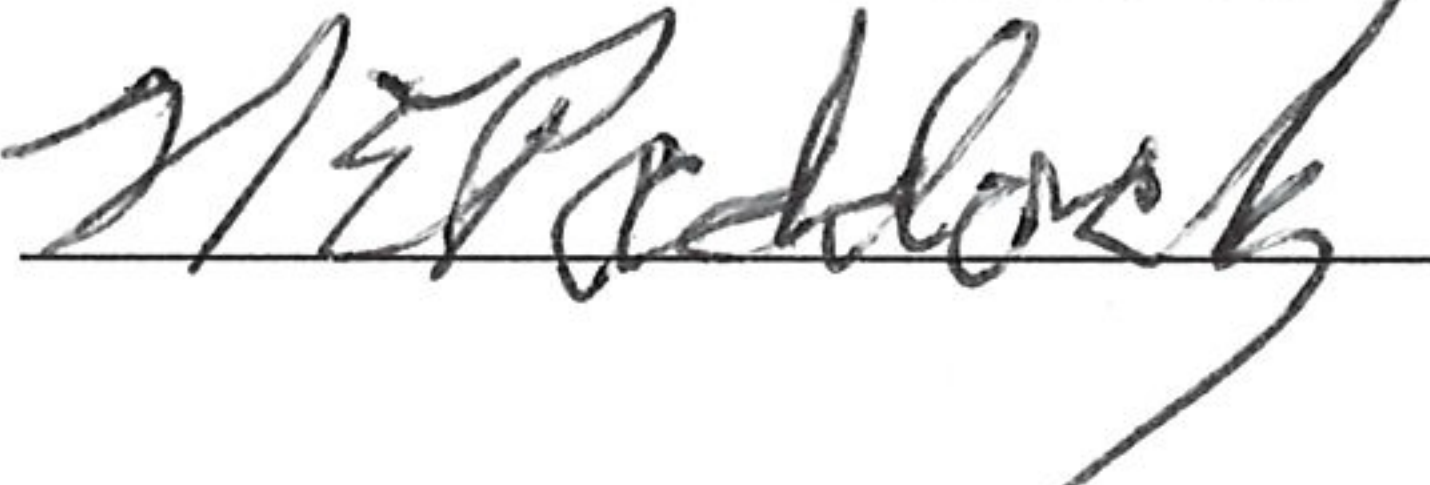
Please indicate the reason for the absence:

- ☐ 1. Illness of the member, family member of the member, or personal friend of the member;
- ☐ 2. Business commitment of the member that interferes with the attendance of the member at a meeting;
- ☐ 3. Previously scheduled vacation of the member, notice of which was provided to the respective board or commission in advance of the meeting;
- ☐ 4. Attendance of the member at a funeral, religious service or ceremony, wedding, or other similarly significant event;
- ☒ 5. Unexpected, emergency situation that prohibits the member's attendance; or
- ☐ 6. Other reason for which the member has given notice to the secretary of his or her unavailability at least seven days in advance of the meeting.

OR

☐ The absence was not for any of the above-listed reasons. I understand that the absence will be recorded as unexcused.

I certify the reason for the absence indicated above is true and correct.

Member's Signature:  Date: 08/19/2021

*If completed by secretary or staff to board/commission/committee:*

Completed on member's behalf by: \_\_\_\_\_, per member's ☐ Verbal ☐ Written request  
on: \_\_\_\_\_ (date)  
(secretary/liaison's name)





## Human Resources Department

### RECORD OF COVID-19 VACCINE DECLINATION Chula Vista Boards & Commissions

*Declination of a vaccine does not constitute a waiver of potential workers compensation benefits*

Date 08/19/2021

In December of 2019 a new virus (SARS-CoV-2) started spreading person-to-person causing respiratory illness, known as Covid-19. By March of 2020 the World Health Organization declared a pandemic with California issuing a State of Emergency and stay-at-home-orders. January of 2021 the State of California announced a tiered-based distribution of two Covid-19 vaccines approved for emergency use (one manufactured by Pfizer and the other by Moderna) which became widely available in March of 2021. The last week of July of 2021 we are facing increased community spread of the Delta variant and are recommending face coverings be worn based on the [CDC COVID Data Tracker](#).

Receipt of this form indicates you have the option to decline the vaccine when you are eligible to receive it. By declining the vaccine, we request you acknowledge that due to this pandemic and your potential for occupational exposure you remain at risk of acquiring Covid-19 infection.

I have been given the opportunity to receive the Covid-19 vaccine at no charge, however, I decline Covid-19 vaccination at this time because:

☒ I have already received this vaccine from another provider.  
Provide manufacturer and date of shots:

Moderna 02/24/21 + 03/24/21

☐ I have personal and/or medical reasons for not obtaining the vaccine.

I understand that by declining this vaccine, I continue to be at risk of acquiring Covid-19. Additionally, I acknowledge that a copy of the most recent Health Alert and a copy of the Emergency Use Authorization sheets for the Covid-19 Vaccines are available by contacting Human Resources at [HumanResources@chulavistaca.gov](mailto:HumanResources@chulavistaca.gov)

Name

Norman Paddock

Signature

N Paddock

Board/Commission

Housing Advisory Comm.



## COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.



Paddock

Norman

Last Name

First Name

MI

5.4.43

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	MODERNA 023N20A	02/24/21 mm dd yy	C/ED
2 <sup>nd</sup> Dose COVID-19	MODERNA 00B1321A	3/24/21 mm dd yy	C/ED
Other		mm dd yy	
Other		mm dd yy	