Vaccination Incentive Program Instructions
2nd Shot

Please login to your MyJSU webpage and click the link to the Vaccination Incentive Form listed in the Featured Links section on the left.

Once you open the form you will need to select the vaccination status you are reporting:

COVID-19 - Vaccine Information

What is your vaccine status: * -- Please Select -- ▾

Using the drop down menu select your vaccination status

COVID-19 - Vaccine Information

What is your vaccine status: * ✓ -- Please Select --
First shot on/after July 15
Second Shot/Fully Vaccinated
Johnson & Johnson

If reporting your second shot select the first line and then click the link to process your incentive.

COVID-19 - Vaccine Information

What is your vaccine status: * Second Shot/Fully Vaccinated ˅

Click link to apply for incentive: Click Here

Your name and JSU ID # will be populated from your login, please select if you are Faculty or Staff, enter your vaccination date and upload an image of your vaccination card.

Jacksonville State University
Office of the Controller
700 Pelham Rd N., 249 Angle Hall, Jacksonville, AL 36265
Phone: (256) 782-5002
http://www.jsu.edu/controller/index.html

JSU Vaccination Incentive Disclosure Form

First Name: * Anastasia   Last Name: * Rodriguez   JSU ID: * 001220903

Are you a: *
- ○ Student
- ● Faculty
- ○ Staff

Upload Vaccination Card Image   * Browse... No file selected.
Files over 25 MB will not be accepted

* ☐ I agree that the information provided is accurate:

Save Progress   Next

JSU Vaccination Incentive Disclosure Form

First Name: *Anastasia   Last Name: *Rodriguez   JSU ID: *001220903

Are you a: *
- ○ Student
- ● Faculty
- ○ Staff

Upload Vaccination Card Image   *Vaccination Form.pdf [Delete file]

* ☐ I agree that the information provided is accurate:

[Save Progress] [Next]

Select "I agree that the information provided is accurate" and select next.

Complete your name and select sign electronically. Once your form is complete, the information will be verified and you will be processed for the $100 payment within 7 business days.

Electronic Signature

Please read the Disclosure / Consent before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.

Anastasia

Rodriguez

Previous   Sign Electronically

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

Opt out and print