

Accommodation Procedure for COVID-19 Vaccine

Overview

COMPANY (“Company”) allows for exemptions to COVID-19 immunization requirements as a reasonable accommodation to assist any employee who is disabled, pregnant, who is a nursing mother, who has a qualifying medical condition that is a contraindication to the vaccination, or who objects based on sincerely held religious beliefs and practices.

The following procedure should be utilized when a vaccine exemption is requested as a reasonable accommodation.

Policy

Requests for Accommodation (insert language from Company’s vaccine policy here)

*To assist any employee who is disabled, pregnant, who is a nursing mother, who has a qualifying medical condition that is a contraindication to the vaccination, or who objects to being vaccinated on the basis of sincerely held religious beliefs and practices, the Company will engage in an interactive process to determine whether it can provide a reasonable accommodation provided it does not create an undue hardship for the Company and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the employee. If you believe that you require such an accommodation, please notify the **POSITION TITLE** in writing at [insert email/contact]. Once the Company is aware of the need for an accommodation, the Company will engage in an interactive process to identify possible accommodations. If you believe that you have been treated in a manner not in accordance with these policies, please notify the Company immediately by speaking to the **POSITION TITLE**. You may utilize this procedure without fear of retaliation.*

Procedure

The employee requesting an exemption from the vaccine policy as a reasonable accommodation will be provided:

- A Request for Medical Exemption/Reasonable Accommodation Form or Request for Religious Exemption/Reasonable Accommodation Form to complete and return to the Human Resource Department. If the request for accommodation does not fall into one of these categories, please contact [POSITION TITLE] for more information.
- The Company’s COVID-19 vaccine policy.
- A copy of the Job Description for their position, and/or alternative positions where appropriate.

Interactive Process

After receipt of the employee’s Request for Exemption/Accommodation, the **Human Resources Department** will engage in an interactive process with the employee to identify a

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Commented [A1]: This framework is applicable to flu shots and other employer-mandated vaccines. Thus, the references to COVID-19 may be revised to encompass any other vaccinations that the employer requires.

possible accommodation. The Company reserves the right to maintain a record of each related conversation.

The interactive process is intended to clarify the employee's request and identify the appropriate exemption/reasonable accommodation. **Human Resources** may ask the employee relevant questions that will enable the Company to make an informed decision about the request.

The exact nature of the dialogue will vary. In many instances, both the reason for the exemption/accommodation and the type of exemption/accommodation required will be obvious, and there may be limited need to engage in a detailed discussion. In other situations, **Human Resources** may need to ask questions and/or seek documentation concerning the nature of the request and to verify the validity of the exemption/accommodation request.

Granting an Exemption/Reasonable Accommodation

Human Resources will complete the Approval section of the Request for an Exemption/Reasonable Accommodation Form when an exemption/accommodation is granted. **Human Resources** will also provide the employee the specific alternative protective measures required of the employee.

Denying an Exemption/Reasonable Accommodation

Human Resources will complete the Denial section of the Request for Exemption/Reasonable Accommodation Form when an exemption/accommodation is denied with a notation of the reason for the denial. Exemption/Reasonable Accommodation denials may be reviewed for legal compliance.

COVID-19 Vaccination Policy

Purpose

Consistent with its duty to provide and maintain a workplace that is free of recognized hazards, the **COMPANY NAME** (“Company”) has adopted this policy to safeguard the health and well-being of employees and their families, our customers and visitors, others who spend time in our facilities, and the community from the risks associated with COVID-19. This policy is intended to comply with all state and local laws. It is based upon guidance provided by the Occupational Safety and Health Administration (OSHA), the Centers for Disease Control and Prevention (CDC) and other public health and licensing authorities, as applicable.

Scope

This policy applies to all employees. It does not apply to customers and visitors. The policy applies to COVID-19 vaccinations that are available to our employees.

Policy

By (DATE), the Company will expect all covered employees to either (a) establish that they have been fully vaccinated; or (b) obtain an approved exemption as an accommodation. The process for seeking an accommodation is explained below. For purposes of this policy, an employee is considered fully vaccinated two weeks after receiving the second dose of a two-dose vaccine (Pfizer or Moderna) or one dose of a single-dose vaccination (Janssen).

Employees who do not fulfill one of these two requirements will be placed on unpaid leave and their employment will be subject to termination.

To establish that they are fully vaccinated, employees may present a completed COVID-19 Vaccination Record Card for inspection by an authorized Company representative. The Company will treat all such information as confidential.

To facilitate employees’ ability to receive the vaccination, the Company will consider timely requests for appropriate schedule changes. In accord with its time-keeping policies, the Company will also pay non-exempt employees for time spent receiving the vaccination. Additionally, the Company will reimburse employees for the cost, if any, of receiving the vaccination, contingent upon receipt of appropriate supporting documentation.

Commented [A1]: This policy must be tailored to the employer’s circumstances, including state and local law, any applicable licensure requirements. Employers with multiple locations must be particularly sensitive to this issue. THIS POLICY MAY NOT BE USED AS WRITTEN IN OREGON.

Commented [A2]: In CA, employers should use the following definition: For purposes of this policy, an employee is considered “fully vaccinated” if it has been at least 14 days since the employee received the last dose, as recommended by the manufacturer, of a vaccine that has been authorized by the FDA for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization. For employees fully vaccinated outside of the United States, the vaccination must be listed for emergency use by the World Health Organization (WHO).

Commented [A3]: In CA, employers should also include the following language in this sentence “and time experiencing symptoms related to a COVID-19 vaccine that prevent employees from being able to work or telework”

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Requests for Exemptions as Accommodations

To assist any employee who is disabled, who is pregnant, who is a nursing mother, who has a qualifying medical condition that contraindicates the vaccination, or who objects to being vaccinated on the basis of sincerely held religious beliefs and practices, the Company will engage in an interactive process to determine if a reasonable accommodation can be provided so long as it does not create an undue hardship for the Company and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the employee. To request an accommodation for one of the above reasons, please notify the **POSITION TITLE** in writing at **[insert email/contact]**. Once the Company is aware of the need for an accommodation, the Company will engage in an interactive process to identify possible accommodations. If you believe that you have been treated in a manner not in accordance with this policy, please notify the Company immediately by speaking to the **POSITION TITLE**. You may request an accommodation without fear of retaliation.

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Vaccination Policy

Purpose

Consistent with its duty to provide and maintain a workplace that is free of recognized hazards, the **COMPANY NAME** (“Company”) has adopted this policy to safeguard the health and well-being of employees and their families; our customers and visitors; others who spend time in our facilities; and the community from infectious conditions that may be mitigated through an effective vaccination program. This policy is intended to comply with all state and local laws. It is based upon guidance provided by the Centers for Disease Control and Prevention (CDC) and public health and licensing authorities, as applicable.

Scope

This policy applies to all employees. It does not apply to customers and visitors. The policy applies to vaccinations identified by the Company’s Safety Committee.

Policy

The Company’s Safety Committee maintains and promulgates a list of the vaccines that this policy encompasses and the applicable deadline(s) for complying with this policy. This list of vaccines also advises employees of dates when vaccines will be made available at designated locations.

The Company strongly encourages all employees to receive the designated vaccines before expiration of the corresponding deadline. Those who do not timely establish that they have received the vaccine must either (a) wear an approved face-covering at all times while in the workplace; or (b) obtain an approved exemption from the requirement to wear an approved face-covering in lieu of being vaccinated.

To establish that they have received a vaccination, employees may present written evidence of immunization from the designated site or from another authorized healthcare provider.

The Company will assist employees by providing on-site access to immunizations or identifying sites where employees may receive the vaccinations. The Company will pay for the cost of the vaccination.

Requests for Exemptions as Accommodations

To assist any employee who declines a vaccination and has a qualifying medical condition that contraindicates wearing an approved face-covering, or who objects to

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Commented [2]: Or identify who fulfills this function.

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wearing a face-covering on the basis of sincerely held religious beliefs and practices, the Company will engage in an interactive process to determine if a reasonable accommodation can be provided, so long as it does not create an undue hardship for the Company and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the employee. To request an accommodation for one of the above reasons, please notify the **POSITION TITLE** in writing at **[insert email/contact]**. Once the Company is aware of the need for an accommodation, the Company will engage in an interactive process to identify possible accommodations. If you believe that you have been treated in a manner not in accordance with this policy, please notify the Company immediately by speaking to the **POSITION TITLE**. You may request an accommodation without fear of retaliation.

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Request for Medical Exemption/Accommodation Related to COVID-19 Vaccine

COMPANY ("Company") is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the Company is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, the Company will provide an exemption/reasonable accommodation for any known medical condition or disability of a qualified individual which prevents the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the Company and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to the Company's COVID-19 vaccination policy, please complete Part 1 of this form, have your healthcare provider complete Part 2 (the certification portion), and return them to **Human Resources**. This information will be used by **Human Resources** or other appropriate personnel to engage in an interactive process to determine whether an employee is eligible for such exemption/accommodation and if so, to determine the reasonable accommodations which can be provided that would enable the employee to perform the essential functions of their position without posing a threat of harm to self or others. If an employee refuses to provide such information, the employee's refusal may impact the Company's ability to adequately understand the employee's request or to effectively engage in the interactive process to identify possible accommodations.

Medical exemptions/accommodations for the COVID-19 vaccine will be considered if the employee provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)], of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, **or**
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine, **or**
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Commented [1]: This framework is applicable to flu shots and other employer-mandated vaccines. Thus, the references to COVID-19 may be revised to encompass any other vaccinations that the employer requires.

Part 1 – To Be Completed by Employee:

Name: _____

Date of Request: _____

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

Signature: _____

Date: _____

Print Name: _____

Part 2 – To be completed by Employee’s Medical Provider:

Company Name:

Employee Name:

Attention Medical Provider:

COMPANY requires a COVID-19 vaccination as a condition of employment. The above-named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below. Should you have any questions, please contact **_____** at **_____**. Thank you.

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply.):

- History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.
- Other – Please provide this information in a separate narrative that describes the exemption in detail.

I certify that _____ has the above contraindication and request a medical exemption from the COVID-19 vaccination.

Medical Provider Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone number: _____

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Part 3 – To be completed by Human Resources Representative

Date this Request Form Received in **Human Resources**:

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of Representative: _____

Signature of Representative: _____

Date: _____

Request for Religious Exemption/Accommodation Related to COVID-19 Vaccine

COMPANY ("Company") is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the Company is committed to complying with all laws protecting employees' religious beliefs and practices. When requested, the Company will provide an exemption/reasonable accommodation for employees' religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the Company or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to the Company's COVID-19 vaccination policy, please complete this form and return it to **Human Resources**. This information will be used by **Human Resources** or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, the employee's refusal may impact the Company's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

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Part 1 – To Be Completed by Employee:

Name: _____

Date of Request: _____

Please explain below why you are requesting an Exemption/Accommodation:

In some cases, the Company will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? _____ Yes _____ No

If no, please explain why:

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

Signature: _____

Date: _____

Print Name: _____

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Part 2 – To be completed by Human Resources Representative

Date this Request Form Received in **Human Resources**:

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of Representative: _____

Signature of Representative: _____

Date: _____