**COVID-19 VACCINATION POLICY**

As part of our continued commitment to maintaining a safe and healthy workplace, [*Company Name*] is taking additional measures to protect you, your coworkers, and your families from contracting and spreading COVID-19.  
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Now that COVID-19 vaccines have been fully approved by the U.S. Food and Drug Administration (FDA), and in accordance with the Occupational Safety and Health Administration’s (OSHA’s) emergency temporary standard for private employers with 100 or more workers, [*Company Name*] is adopting this policy to comply with OSHA’s requirements, align with public health recommendations from the Centers for Disease Control and Prevention (CDC) and local health authorities, and comply with all applicable federal, state and local laws.  
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Compliance with this policy is a condition of your continued employment. Please read this policy carefully.

**SCOPE**

Effective [*date no later than February 9, 2022*], all [*Company Name*] employees, workers and contractors are required to be either fully vaccinated against COVID-19 or [*if applicable at your company*] submit a negative COVID-19 test result weekly. Persons subject to this policy include:

* Full-time employees;
* Part-time, seasonal and hourly workers; and,
* Contractors who visit the office or come into physical contact with company employees, workers or customers as part of their regular business. [*Note: OSHA’s rules do not require this provision, but it is sound policy for the safety of your workforce.*]

Remote workers are subject to this policy only in the event that they visit the office or come into physical contact with company employees, workers or customers. In that event, no matter how short the duration (e.g., one day or even just a few minutes), they must submit proof of full vaccination or a negative COVID-19 test dated no more than seven days prior to their return to the workplace.  
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All persons subject to this policy and hired after [*date no later than company-wide deadline*] are required to be fully vaccinated by their first day of work or submit a negative test result dated no more than seven days prior to their first day of work, with subsequent weekly testing as described below.

**PROCEDURES**

Persons subject to this policy have two options:

**Option 1: Provide Evidence of Full Vaccination**

COVID-19 vaccines are safe, [effective](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html) and provide the best possible protection against severe illness, hospitalization and death from COVID-19. All employees, workers, contractors and their families are encouraged to get vaccinated for COVID-19 to protect themselves and reduce the spread.  
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Persons subject to this policy who choose to receive a COVID-19 vaccine will need to be fully vaccinated. For the purpose of this policy, persons are considered fully vaccinated:

* Two weeks (14 days) after their second dose in a 2-dose series, such as the Pfizer-BioNTech or Moderna vaccines, or
* Two weeks (14 days) after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

If you don’t meet these requirements, regardless of your age, you are NOT fully vaccinated. Booster shots are not currently required to be fully vaccinated.  
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COVID-19 vaccines are free and widely available at more than 80,000 locations across the country, including more than 40,000 retail pharmacies. Search [vaccines.gov](http://vaccines.gov/), text your ZIP code to 438829, or call 1-800-232-0233 to find locations near you.   
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In addition, [*Company Name*] will make it easier for employees and workers to get vaccinated by[*indicate whether the company will host on-site vaccine clinics, cover the cost of transportation to/from a vaccine site, offer childcare to employees and workers during vaccine appointments, etc.*]  
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All persons subject to this policy will be provided paid time off (up to four hours)for time taken to receive vaccinations during work hours, as well as paid time off (as needed) to recover from any vaccine-related side effects. Employees should consult with their managers to schedule necessary time off. [*Employees will also be paid for time taken to vaccinate eligible children against COVID-19 and to care for them while they recover from any vaccine-related side effects.*]  
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***Documentation of Vaccination Status***

Official documentation of vaccination status must be provided to the Human Resources Department and include the following information:

* The type of vaccine administered.
* The date(s) of administration.
* The name of the health care professional or clinic site administering the vaccine.

An immunization card from a healthcare provider or pharmacy, the completed CDC-issued vaccine card, or medical records are sufficient to verify vaccination status. Do not include any medical or genetic information with your proof of vaccination.  
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Note that a recent antibody test cannot be used to prove vaccination status.  
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All persons subject to this policy must certify that the documentation they are submitting is true and correct. Any persons found to have provided false documentation will be subject to termination of employment.  
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**Option 2 [*if the company chooses to offer it*]: Submit to Weekly Testing**

Persons subject to this policy who choose **not** to be vaccinated against COVID-19 must present a negative COVID-19 test result weekly on [*day of the week*] to [*department/job title*] before reporting to work.  
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Persons who choose not to be vaccinated are responsible for obtaining a weekly COVID-19 test.  [*Indicate whether testing will be at the employee’s cost (where permitted by state law) or covered by the employer.*] Testing will be conducted [*indicate whether testing will be provided by the employer at the workplace, whether employees must independently schedule tests at point-of-care locations, etc.*].   
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Workers must provide their COVID-19 test results to the employer [*indicate the acceptable method for submitting test results, e.g., an online portal, to the human resources department, etc.*].  
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Acceptable tests include: [*indicate the type of test (rapid or PCR) that will be accepted and whether self/home tests are permitted*]. An at-home test may not be both self-administered and self-read by the employee unless it is observed by [*Company Name*] or an authorized telehealth proctor.   
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Any persons found to have provided false documentation will be subject to termination of employment.  
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***Face Covering Requirement for Unvaccinated Individuals  
  
[mandated legal standard if the company does not already require face coverings for all workers]***

Effective, any employee who is not fully vaccinated must wear a face covering when indoors or when occupying a vehicle with another person for work purposes. An employee who is alone in a room with floor to ceiling windows and a closed door may remove their face covering, but must put it back on if they exit the room or another individual enters the room. An employee may also remove their face covering for a limited period while eating or drinking at the workplace, or for identification purposes in compliance with safety and security requirements.  
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Face coverings must consist of at least two layers of material that is either tightly woven or non-woven, and the face covering must not have visible holes or openings. Face coverings must completely cover the wearer’s mouth and nose, must fit snugly against the sides of the face without gaps, and must be replaced when wet, soiled, or damaged.

***Procedures in the Event of a Positive COVID-19 Test***

Any person covered by this policy who tests positive for COVID-19, regardless of their vaccination status, must notify [*Company Name*] as soon as safely possible. That notification should be done [*indicate the manner for notification. This may be the same protocol currently in place for employees to notify the company of any other illness or injury.*]  
[*Company Name*] is required to temporarily remove from the workplace any person who tests positive for COVID-19. Those employees may work remotely with their manager’s approval. A person who tested positive for COVID-19 may return to the workplace:

* if they receive a negative result on a COVID-19 nucleic acid amplification test (NAAT), the “gold standard” for accurate test results; or  
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* (1) after isolating for 10 days from the date of their positive test (if they never experienced symptoms), or at least 10 days have passed since the first appearance of any symptoms; AND (2) the person has gone at least 24 hours without a fever (without the use of fever-reducing medication); AND (3) the person’s other symptoms of COVID-19 are improving (excluding loss of taste and smell).  
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**ACCOMMODATION AND EXEMPTION REQUESTS**

**Medical Accommodation**  
[*In accordance with [Company Name]'s Medical Accommodations Policy,*] [*Company Name*] provides reasonable accommodations, absent undue hardship or a direct threat to health and safety in the workplace, to qualified individuals with disabilities or medical conditions that prevent them from getting vaccinated. Reasonable accommodation may include appropriate adjustment or modifications of employer policies, including this COVID-19 Vaccination Policy.  
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If you believe you need an accommodation regarding this policy because of a disability or medical condition, you are responsible for requesting a reasonable accommodation from the Human Resources Department.  
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**Religious Accommodation**  
[*In accordance with [Company Name]'s Religious Accommodations Policy,*] [*Company Name*] provides reasonable accommodations, absent undue hardship or a direct threat to health and safety in the workplace, to qualified individuals with sincerely held religious beliefs, observances, or practices that conflict with getting vaccinated.  
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If you believe you need an accommodation regarding this policy because of your sincerely held religious belief, you are responsible for requesting a reasonable accommodation from the Human Resources Department.  
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**Interactive Process**  
[*Company Name*] will engage in an interactive dialogue with you to determine the precise limitations of your ability to comply with this COVID-19 Vaccination Policy and explore potential reasonable accommodations that could overcome those limitations.   
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[*Company Name*] encourages employees to suggest specific reasonable accommodations. However, [*Company Name*] is not required to make the specific accommodation requested and may provide an alternative effective accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on [*Company Name*] [or posing a direct threat to you or others in the workplace].  
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**Exemption or Delay in Vaccination for Other Medical Reasons**Exemptions or a delay in vaccination for other medical reasons may be availableon a case-by-case basis even if they do not qualify as a disability under federal, state, or local law.  
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[*Company Name*] will engage in an interactive dialogue with you to determine whether an exemption is appropriate and can be granted without imposing an undue hardship on [*Company Name*] [or posing a direct threat to you or others in the workplace].   
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**How to Request an Accommodation or Other Exemption**  
You may request a reasonable accommodation or other exemption from this policy by completing [*Company Name*]'s Request for Exemption from COVID-19 Vaccination Policy Form and returning it to the Human Resources Department. The forms are [attached to this policy and] available at [location where employees can get forms]. Please include all relevant information, including:

* A description of the accommodation or exemption requested.
* The reason for the requested accommodation or exemption.

[*Company Name*] reserves the right to request additional documentation supporting the need for an accommodation or request for any other exemption. [*Company Name*] will keep confidential any medical information obtained in connection with your request for a reasonable accommodation or other exemption.  
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**DETERMINATIONS**

[*Company Name*] makes determinations about requested accommodations and exemptions on a case-by-case basis considering various factors and based on an individualized assessment in each situation. [*Company Name*] strives to make these determinations expeditiously and in a fair and nondiscriminatory manner and will inform you after we make a determination. If you have any questions about an accommodation or exemption request you made, please contact [*Name*] in the Human Resources Department.  
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**POLICY ADMINISTRATION AND QUESTIONS**

The [*COVID-19 Task Force/[Designated Department or Person]* is responsible for administering and enforcing this policy. If you have any questions about this policy or about health and safety issues that are not addressed in this policy, please contact the [*Designated Department or Person*].  
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**POLICY MODIFICATION**

Government and public health guidelines and restrictions and business and industry best practices regarding COVID-19 and COVID-19 vaccines are changing rapidly as new information becomes available, further research is conducted, and additional vaccines are fully approved and distributed. [*Company Name*] reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy workplace.  
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**ENFORCEMENT AND NON-RETALIATION**

Failure to comply with or enforce this policy may result in discipline, up to and including termination of employment.  
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[*Company Name*] prohibits any form of discipline, reprisal, intimidation, or retaliation for reporting a violation of this policy or any other health and safety concern. Employees also have the right to report work-related injuries and illnesses, and [*Company Name*] will not discharge or discriminate or otherwise retaliate against employees for reporting work-related injuries or illnesses or good faith health and safety concerns.  
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**[Employees Covered Under a Collective Bargaining Agreement]**

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any collective bargaining agreement that a union has with [*Company Name*]. [Employees should consult the terms of their collective bargaining agreement./Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement with [*Company Name*], employees should refer to the specific terms of the collective bargaining agreement, which will control.]]  
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**CONTINUED APPLICABILITY OF OTHER INFECTION CONTROL POLICIES**

This COVID-19 Vaccination Policy is a key part of [*Company Name*]’s overall strategy and commitment to maintaining a safe and healthy workplace. This policy is designed for use together with, and not as a substitute for, other COVID-19 prevention measures, including [*Company Name*]'s:

* [Face Covering Policy]
* [Social Distancing Policy]
* [Temperature Check and Health Screening Protocols]
* [Cleaning and Sanitation Policy]
* [Health and Safety Policy]
* [Essential Business Travel Policy]
* [Other COVID-19 Prevention Protocols]

[*Company Name*] needs your full cooperation and compliance with this and other health and safety workplace policies to make them effective. Together, we can turn the tide against COVID-19 and create a stronger, healthier future for everyone.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received a copy of [*Company Name*]'s COVID-19 Vaccination Policy and that I read it, understood it, and agree to comply with it. I understand that [EMPLOYER NAME] has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time[ with or without notice]. No statement or representation by a supervisor or manager or any other employee, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the [*Position*] of Human Resources. I also understand that any delay or failure by [*Company Name*] to enforce any work policy or rule will not constitute a waiver of [*Company Name*]'s right to do so in the future. I understand that neither this policy nor any other communication by a management representative or any other employee, whether oral or written, is intended in any way to create a contract of employment. I understand that, unless I have a written employment agreement signed by an authorized [*Company Name*] representative, I am employed at will and this policy does not modify my at-will employment status. If I have a written employment agreement signed by an authorized [*Company Name*] representative and this policy conflicts with the terms of my employment agreement, I understand that the terms of my employment agreement will control.  
  
SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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DATE \_\_\_\_\_\_\_\_\_\_\_\_\_