

# Voluntary COVID-19 Vaccination Policy

### Purpose

has adopted the following voluntary vaccination policy in keeping with our commitment to provide a safe and hazard-free work environment for our employees, their families, visitors and local community. drafted this policy in compliance with all applicable federal and state laws, including guidance from the Centers for Disease Control and Prevention (CDC) and local health authorities.

### Procedures

is encouraging all employees to receive a COVID-19 vaccination within [insert designated time frame]. The [human resources department] will notify employees as to which vaccinations will be covered by this policy [and the time frame by which employees are encouraged to abide]. [will provide a list of local facilities offering the vaccination] [will provide access to the vaccine on company premises]. Employees are expected to consult with their respective managers regarding the best time to be excused to receive the vaccine.

Employees who receive the vaccine will need to certify that fact within the designated time frame. Employees may certify that they received a vaccination by presenting [insert desired form of proof]. Employees who fail to become vaccinated within the designated time frame will be required to wear a face covering all at times while on premises unless they have obtained an approved exemption.

### Reasonable Accommodations

Employees who request an exemption from the requirement to wear a face covering for medical, religious or any other reason must submit a [request for accommodation form] to [human resources department] as soon as possible. Once has been made aware of the need for an accommodation, the request will be evaluated in a manner consistent with all applicable laws.

For additional information, please contact [insert contact name].