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| --- | --- | --- |
| **TO:** | **EMPLOYEE NAME**  | **EMPLOYEE ID** |
| **FROM:** | **ISSUING ORGANIZATION** | **ISSUING ORGANIZATION PHONE/EMAIL** |
| **ISSUING Individual** | **ISSUING TITLE** |

On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we received your request for a reasonable accommodation related to the (Company Name) COVID-19 vaccination mandate for employees based on the following reason:

Accommodation based on a medical condition.

Accommodation based on sincerely held religious belief, practice, or observance.

Based on the information you provided, your request for an accommodation has been **APPROVED** subject to the requirement that you comply with the safety practices specified below.

This approval is valid:

 until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

 indefinitely.

If your approval has an end date and you no longer need an accommodation or deferral at that time, you will have until \_\_\_\_\_\_\_\_\_\_\_\_ [eight (8) weeks after the end date] to become fully vaccinated and submit proof of vaccination to (Company Name).

# Please note that you may be subject to the following safety protocols for unvaccinated employees:

# Regular COVID-19 testing through a (Company Name) designated COVID-19 testing location as a condition of employment. Unless otherwise required by an applicable public health order, testing frequency is at the discretion of (Company Name) and will be informed by local, State, and federal laws, regulations and requirements for COVID-19.

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# You must submit proof of testing and results to [Human Resources] upon receipt.

# If you receive a positive COVID-19 test result, you must immediately remove yourself from the workplace and take all applicable workplace safety measures in accordance with local, State, and federal laws, regulations and requirements for COVID-19. You may not return to work until after you have completed the relevant isolation period for a COVID-19 infection.

# Regardless of test results, you must adhere to all workplace screening requirements and safety protocols when in a Company facility or work location and/or when in contact with other Company employees or members of the public while working.

# You must also comply with the following safety practices applicable to your position (if any):

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**If you have any questions or concerns regarding the above, please contact:**

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| **Contact Person for****Additional Information** |  |
| **Email Address** |  |

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| **Approved By:****(name and title)** |  |
| **Approval Date** |  |
| **Date Approval Notice was sent to Employee** |  |