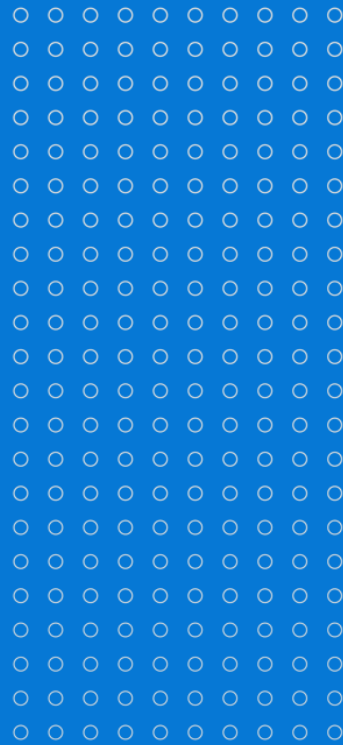


Beyond COVID-19: Vaccines and the Workplace

# Private Employer Guide to OSHA's COVID-19 Vaccination & Testing ETS

November 2021



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OSHA released the private employer, Emergency Temporary Standard (the “ETS”) on November 4th and was published in the Federal Register on November 5, 2021. The OSHA landing page for the ETS is [here](#) which includes several resources:

- [OSHA ETS Summary](#) - provides an overview of the rule
- [OSHA Fact Sheet](#) provides more detailed information about the highlights and core components
- [COVID-19 Vaccination and Testing; Emergency Temporary Standard - 29 CFR Parts 1910, 1915, 1917, 1918, 1926, and 1928](#)
- [OSHA FAQ](#) provides plain-language detail regarding the new standard
- [Fact Sheet: Penalties for Knowingly Supplying False Information](#)
- [Reporting COVID-19 Fatalities and In-Patient Hospitalizations to OSHA](#)

The ETS applies all employers with a total of 100 or more employees except those covered by the healthcare Emergency Temporary Standard, the Centers for Medicare and Medicaid Services (“CMS”) vaccine mandates, and the Executive Order mandating vaccines for federal employers and contractors.

Covered employers must develop and implement a policy that either: (1) mandates COVID-19 vaccines; or (2) allows employees to elect either to get vaccinated or to undergo regular COVID-19 testing and wear a face covering at work.

In this ETS eBook, we will address the second option, which is what we refer to as the “vaccinate or test” program set forth in the ETS. Employers interested in implementing a mandatory vaccine program may review the [HUB eBook](#) (see the “purist” description).

## Compliance Dates and Deadlines

There are two key deadlines in the ETS. The first deadline applies to all components of the ETS with the exception of testing and the second applies only to testing:

- Employers must comply with most provisions by 30 days after the date of publication in the Federal Register (**December 5th**):
  - Determine whether each employee has been vaccinated, obtain proof of vaccination, keep records of each employee’s vaccination status, and keep a list of each employee’s vaccination status.
  - Develop, implement, distribute and enforce a mandatory vaccination policy or a “vaccine or test” policy compliant with all OSHA ETS requirements along with related notices and fact sheets
  - Provide employees reasonable time, including up to four hours of paid time, to receive each primary vaccination dose, and reasonable time and paid sick leave to recover from any side effects experienced following each primary vaccination dose.
  - Ensure that each employee who is not fully vaccinated wears a face covering when indoors or when occupying a vehicle with another person for work purposes.
  - Be prepared for OSHA reporting requirements
  - work-related COVID-19 fatalities to OSHA within 8 hours of learning about them
  - work-related COVID-19 in-patient hospitalizations within 24 hours of the employer learning about the hospitalization.
  - Make required records available for examination and copying to an employee (and to anyone having written authorized consent of that employee) or an employee representative (i.e. that employee’s vaccination or testing records, the aggregate number of fully vaccinated employees at a workplace, and the total number of employees at the workplace).

- Employers must comply with the testing requirement by 60 days after the date of publication in the Federal Register (**January 4th**)
  - Implement testing requirements for a “vaccinate or test” policy
  - Have a program in place for testing resources
  - Implement your organization’s testing protocols

OSHA anticipates that the ETS will be in effect for six months from the date of publication in the Federal Register. If OSHA finds that a grave danger no longer exists it may update the ETS.

## Employer Headcount

For an employer to be subject to the ETS, it has to have 100 or more employees. Employers should include all full-time, part-time, seasonal, and remote/home-based U.S. employees employed on November 5, 2021. Notably, the headcount does not include independent contractors or staffing agency temporary employees.<sup>1</sup> Employers that fall below 100 on November 5<sup>th</sup>, but later increase in size will become subject to the ETS at the time that they reach 100 or more employees. The headcount should occur at the organizational/employer level, and not at the worksite or location. If there are two or more related companies that handle safety matters as one company, the employer should aggregate all employees.

Additionally, the headcount does not aggregate franchisors and franchisees. This means, for example, that each franchisee stands on its own and the headcount should include only the franchisee employees. Likewise, employees of employers on multi-employer worksite are counted based on their separate employers. For example, a construction site often has multiple employers - *each* company represented would only need to count its own employees rather than the total number of workers at each site.

## The Vaccine and Surveillance Testing Requirements

The second approach identified in the ETS is a “**vaccine or test**” mandate (the “Mandate”). This means that employees may either choose to become vaccinated or test weekly. Moreover, there are some exceptions including 100% remote workers and 100% outside workers (who do not routinely ride in a vehicle with other workers). These “excepted employees” would not be subject to the Mandate under the ETS.

The Mandate requires that each employee who is not fully vaccinated<sup>2</sup> must be tested for COVID-19 at least weekly (if in the workplace at least once a week) or within 7 days before returning to work (if away from the workplace for a week or longer). Unvaccinated employees must wear a face covering

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<sup>1</sup> In scenarios in which employees of a staffing agency are placed at a host employer location, only the staffing agency would count these jointly employed workers for purposes of the 100-employee threshold for coverage under this ETS.

<sup>2</sup> “Fully vaccinated” means a person’s status 2 weeks after completing primary vaccination with a COVID-19 vaccine with, if applicable, at least the minimum recommended interval between doses in accordance with the approval, authorization, or listing that is: (i) approved or authorized for emergency use by the FDA; (ii) listed for emergency use by the World Health Organization (WHO); or (iii) administered as part of a clinical trial at a U.S. site, if the recipient is documented to have primary vaccination with the active (not placebo) COVID-19 vaccine candidate, for which vaccine efficacy has been independently confirmed (e.g., by a data and safety monitoring board) or if the clinical trial participant at U.S. sites had received a COVID-19 vaccine that is neither approved nor authorized for use by FDA but is listed for emergency use by WHO. For “mix-and-match” vaccinations, any combination of two doses of a COVID-19 vaccine that is approved or authorized by the FDA or listed as a two-dose series by the WHO (i.e., a heterologous primary series of such vaccines, receiving doses of different COVID-19 vaccines as part of one primary series), is also acceptable. An employee who does not meet this definition is not considered fully vaccinated, regardless of if they have previously tested positive for COVID-19.

when indoors or riding in a vehicle with a coworker. Notably, booster shots and additional doses are not included in the definition of fully vaccinated under the ETS.

The ETS does not offer any exemptions to vaccination requirements based on “natural immunity” or the presence of antibodies from a previous infection.

## Testing Frequency

The ETS requires weekly COVID-19 testing of all unvaccinated employees including partially vaccinated employees. More specifically, an employer must require testing for any employee reporting to workplace where others are present (customers or co-workers), as follows:

- Testing for COVID-19 at least once every 7 days; and
- Provide documentation of the test result to the employer no later than the 7th day following the date on which they last provided a result.

However, if testing for COVID-19 conflicts with a worker’s sincerely held religious belief, practice or observance, the worker may be entitled to a reasonable accommodation (see Accommodations and Accommodation Resources). If an unvaccinated employee generally does not report to workplace where others are present but occasionally goes to workplace, the employee must:

- be tested within 7 days prior to returning to workplace, and
- provide documentation of that result to the employer upon return to workplace.

Employers must ensure that unvaccinated employees who fail to provide the test result do not return to the workplace until the result is provided.

The ETS provides that an employer may pass the cost for testing along to the employees unless testing is provided as a reasonable accommodation (in which case the employer should bear those costs) However, employers should proceed with caution. The [Fair Labor Standards Act](#) (“FLSA”) has very specific wage and hour rules for both exempt and non-exempt employees. Moreover, various state and/or local laws may require the employer to pay for testing and many states have rigorous state wage and hour laws that limit an employer’s ability to pass along various costs to employees. Employers should speak with counsel before passing test costs along to its employees.

## Testing Type

Employers have some discretion with respect to the kind or type of test they may use. The ETS provides that the tests must be:

- Cleared, approved, or authorized, including any Emergency Use Authorization, by the FDA to detect COVID-19;
- Must be administered in accordance with authorized use instructions; and
- Cannot be both self-administrated and self-read unless observed by the employer or authorized telehealth proctor.

Moreover, the employer may rely on antigen (instant/over the counter) tests, but (consistent with the [EEOC rules](#) – see A7) employers may not request or require antibody tests.

For example, employers may rely on tests with specimens that are processed by a laboratory (including home or on-site collected specimens which are processed either individually or as pooled specimens), proctored over-the-counter tests, point of care tests, and tests where specimen collection and processing is either done or observed by an employer. It’s important to note that while employers may “merely observe” an employee perform his/her own test, employers that want to facilitate the test themselves must meet specific and certain medical certifications or receive a

waiver for that certification.<sup>3</sup> Therefore, in most workplaces, employers may only and merely observe an employee conduct the test him or herself.<sup>4</sup>

## Testing Recordkeeping

The employer must maintain a record of each test result required to be provided by each employee pursuant to the ETS. The records are considered medical records and must not be disclosed except as required by the ETS or other federal law.<sup>5</sup>

## Accommodations

Employers must provide an avenue for employees to request an exception from the ETS mandate if it is medically contraindicated for them. Employees may also be legally entitled to a reasonable accommodation if they cannot be tested and/or wear a face covering (as otherwise required by this policy) because of a medical condition, disability, or if the provisions in this policy for vaccination, and/or testing for COVID-19, and/or wearing a face covering conflict with a sincerely held religious belief, practice, or observance.

## Accommodation Resources

- The EEOCs: [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#) and [Vaccinations – Title VII and Religious Objections to COVID-19 Vaccine Mandates](#)
- HUBs eBook – [Employer Guide to Mandatory Vaccination Programs](#)
- [The Job Accommodation Network](#)

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<sup>3</sup> The FDA has authorized point-of-care tests that can be used at a place of employment when the facility is operating under a CLIA certificate of waiver. A CLIA certificate of waiver can be issued by the Centers for Medicare and Medicaid Services (CMS). It should be noted that point-of-care (POC) testing must be performed in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA). The FDA has authorized POC tests that can be used at a place of employment when the facility is operating under a CLIA certificate of waiver.

<sup>4</sup> A COVID-19 over-the-counter antigen test can be used as long as it is not both self-administered and self-read. It must be observed by the employer or telehealth proctor to be valid.

<sup>5</sup> Note, these records are not subject to the “employee medical records” retention requirement but must be maintained and preserved while the ETS is in effect.

## Vaccination Recordkeeping

Employees must provide proof of vaccination status (attestation is not enough) and employers must track and record both the proof of vaccine and every employee's vaccination status (including those who are unvaccinated). The employer recordkeeping must keep track of each employee, including whether the employee is fully vaccinated. The following list includes the acceptable documentation for proof of vaccination:

- The record of immunization from a health care provider or pharmacy
- a copy of the U.S. COVID-19 Vaccination Record Card
- a copy of medical records documenting the vaccination
- a copy of immunization records from a public health, state, or tribal immunization information system or
- a copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s).

For employees who have no other means of obtaining proof of vaccination, the standard permits employers to accept attestations that include:

- attestation of their vaccination status (fully vaccinated or partially vaccinated)
- attestation that they have lost or are otherwise unable to produce proof required by the standard;
- include the following language: "I declare (or certify, verify, or state) that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties."
- the type of vaccine administered;
- date(s) of administration; and
- the name of the health care professional(s) or clinic site(s) administering the vaccine(s).

Before an employee statement will be acceptable for proof of vaccination, the employee must have attempted to secure alternate forms of documentation via other means (e.g., from the vaccine administrator or their state health department) and been unsuccessful in doing so. Moreover, employers must inform each employee that the OSH Act provides criminal penalties associated with knowingly supplying false statements or documentation. OSHA provides this [fact sheet](#) that employers should provide to employees that provide an attestation.

Employers should remember that the records required by the ETS are confidential employee medical information and must be maintained in accordance with the Americans With Disabilities Act (see [EEOC FAQ Section B](#)).



## Reporting

The ETS also includes an [OSHA reporting requirement](#) (to OSHA):

- **Work-related COVID-19 fatalities** to OSHA within 8 hours of learning about them; and
- **Work-related COVID-19 in-patient hospitalizations** within 24 hours of the employer learning about the hospitalization.

For purposes of this ETS, when evaluating whether a fatality or in-patient hospitalization is the result of a work-related case of COVID-19, employers must follow the criteria in OSHA's recordkeeping regulation at [29 CFR 1904.5](#) for determining work-relatedness.

Moreover, employers must be able to provide reports and data regarding the vaccination status of the workforce and each employee. Employers must make available to an employee (or his/her designee with written consent), his/her individual COVID-19 vaccine documentation and any COVID-19 test results required by the ETS. They must provide this information by the end of the next business day after a request. Likewise, by the end of the next business day after a request by an employee or an employee representative, the employer must make available to the requester: (1) the aggregate number of fully vaccinated employees at a workplace; and (2) the total number of employees at that workplace.

## Reporting and Tracking

Vaccination Status	Employee Obligation
Employees who are fully vaccinated	Submit proof of vaccination that indicates full vaccination.
Employees who are partially vaccinated (i.e., one dose of a two dose vaccine series)	Submit proof of vaccination that indicates when the first dose of vaccination was received, followed by proof of the second dose when it is obtained.
Employees who are not vaccinated	Submit statement that employee is unvaccinated but is planning to receive a vaccination by the deadline.
	Submit statement that employee is unvaccinated and not planning to receive a vaccination.



## Notice Requirements

Employers must provide to their employees, a notice that includes:

1. Information about the requirements of the ETS and workplace policies and procedures established to implement the ETS
2. The CDC document "[Key Things to Know About COVID-19 Vaccines](#)"
3. OSHA no-discrimination and anti-retaliation language found in [Section 11\(c\) of the OSH Act](#)
4. Information regarding criminal penalties associated with knowingly supplying false statements or documentation ([Fact Sheet here](#))

Employers must also identify their own policies and procedures regarding:

1. Any employer policies (either a mandatory vaccination policy or a "mandate or test" policy in compliance with this ETS)
2. The process that will be used to determine employee vaccination status
3. the time and pay/leave they are entitled to for vaccinations and any side effects experienced following vaccinations
4. The procedures they need to follow to provide notice of a positive COVID-19 test or diagnosis of COVID-19 by a licensed healthcare provider
5. The procedures to be used for requesting records

Moreover, employers must provide additional information to unvaccinated employees, including information about the employer's policies for COVID-19 testing and face coverings.

Employers have flexibility to communicate this information to employees using any effective methods that are typically used in their workplaces and may choose any method of informing employees so long as each employee receives the information specified in the standard in a language and at a literacy level they understand.

## Paid Time Off

Employers must provide employee with up to four hours of paid time off (at his/her regular rate of pay) to receive each primary vaccination dose (regardless of onsite or off-site vaccination locations), and reasonable time and paid sick leave to recover from any side effects. While employers may set a cap on the amount of paid sick leave available to employees to recover from any side effects. Generally, OSHA presumes that up to two days of paid sick leave per primary vaccination dose for side effects would be reasonable. Moreover, the employer may not require employees to use personal time or sick leave to get vaccinated.

However, if an employee already has accrued paid sick leave, an employer may require the employee to use that paid sick leave when recovering from side effects experienced following a primary vaccination dose. Additionally, if an employer does not specify between different types of leave (i.e., employees are granted only one type of leave), the employer may require employees to use that leave when recovering from vaccination side effects. If an employer provides employees with multiple types of leave, such as sick leave and vacation leave, the employer can only require employees to use the sick leave when recovering from vaccination side effects. The employer cannot require an employee to accrue negative sick leave when they need to recover from side effects following a primary vaccination dose.

It's important to note that there is not a paid time off requirement for employees that are diagnosed with COVID-19. The ETS does not require employers to provide paid time off to any employee for removal because of a positive COVID-19 test or diagnosis of COVID-19. Likewise, employers are not required to provide paid time off for testing (although they should speak with counsel regarding other wage payment obligations that may exist under FLSA). Employers should speak with counsel to determine if any state or local laws conflict with this portion of the ETS.

## Face Coverings

Employees who are not fully vaccinated must wear face coverings when in the workplace or when occupying a vehicle with another person for work purposes. The ETS provides very specific requirements regarding acceptable face coverings. A “face covering” means a covering that:

1. completely covers the nose and mouth;
2. is made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source);
3. is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers;
4. fits snugly over the nose, mouth, and chin with no large gaps on the outside of the face; and
5. is a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings.

This definition of face covering allows various different types of masks including clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet this definition and which may be used to facilitate communication with people who are hearing impaired or others who need to see a speaker’s mouth or facial expressions to understand speech or sign language, respectively. Face coverings can be manufactured or homemade, and they can incorporate a variety of designs, structures, and materials.

The following may be exceptions to requirements for face coverings:

1. When an employee is alone in a room with floor to ceiling walls and a closed door.
2. For a limited time, while an employee is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.
3. When an employee is wearing a respirator or facemask.
4. Where **[Employer name]** has determined that the use of face coverings is infeasible or creates a greater hazard (e.g., when it is important to see the employee’s mouth for reasons related to their job duties, when the work requires the use of the employee’s uncovered mouth, or when the use of a face covering presents a risk of serious injury or death to the employee).

## COVID in the Workplace, Testing, and Return to Work

The standard does not require the removal of an unvaccinated employee if they have been exposed to a COVID-19 positive person.<sup>6</sup> However, the employer must immediately remove from the workplace any employee who receives a positive COVID-19 test or is diagnosed with COVID-19 by a licensed healthcare provider and keep the employee removed until the employee:

- o receives a negative result on a COVID-19 nucleic acid amplification test (NAAT) following a positive result on a COVID-19 antigen test if the employee chooses to seek a NAAT test for confirmatory testing;
- o meets the return to work criteria in CDC’s “Isolation Guidance” (incorporated by reference, § 1910.509); or
- o receives a recommendation to return to work from a licensed healthcare provider.

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<sup>6</sup> However, the [CDC advises](#) “Quarantine if you have been in [close contact](#) (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, unless you have been [fully vaccinated](#).”

If the original positive test result did not occur using an antigen test (i.e., occurred with a NAAT test), the employer must wait for the employee to provide a return to work recommendation from a licensed health care provider or meet the return to work criteria in CDC's "[Isolation Guidance](#)" before allowing the employee to return to the workplace. Under CDC's "[Isolation Guidance](#)," asymptomatic employees may return to work once 10 days have passed since the positive test, and symptomatic employees may return to work after all the following are true:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

Once an employee returns to work after a positive COVID-19, the employer will not have to conduct regular COVID-19 surveillance testing (see Testing Frequency) for 90-days.

OSHA's removal requirements are intended to set the floor for what is required; however, OSHA encourages employers who can do so to have a more robust program of medical removal, as indeed some employers have already done.

Our HUB Risk Service's team will continue to monitor and evaluate the requirements as we move forward into 2022 and beyond to ensure we are helping you protect what matters most: your people, your property, and your profitability. Please reach out to your local risk services consultants who are available to help our clients navigate this and the many COVID compliance complexities.

**Get the latest information, guidance and resources on Coronavirus (COVID-19) to help you protect what matters most at [hubinternational.com/coronavirus](https://hubinternational.com/coronavirus). For additional support, please reach out to your local HUB office.**

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# COVID-19 Vaccination, Testing and Face Covering Policy Template

## OSHA Employer Instructions

The OSHA COVID-19 Emergency Temporary Standard (ETS) on Vaccination and Testing generally requires covered employers to establish, implement, and enforce a written mandatory vaccination policy (29 CFR 1910.501(d)(1)). However, there is an exemption from that requirement for employers that establish, implement, and enforce a written policy allowing any employee not subject to a mandatory vaccination policy to either choose to be fully vaccinated against COVID-19 or provide proof of regular testing for COVID-19 and wear a face covering in lieu of vaccination (29 CFR 1910.501(d)(2)). Employers may use this template to develop a policy that provides employees the choice of COVID-19 vaccination or regular COVID-19 testing and face covering use.

Employers using this template will need to customize areas marked with **yellow** text and modify (change, add, or remove sections of) this document to accurately represent their policies. Text that is italicized is sample language employers may use when developing their policies; however, that text is not comprehensive and not all of that text will be applicable to all workplaces. Employers will need to add to or revise the italicized text to ensure the final policy matches the specific procedures that will be implemented in their workplaces.

Lastly, employers using this template should consider incorporating their policies and procedures for non-employees (e.g., visitors, customers) and for employees of other employers (e.g., contractor employees).

## OSHA Sample Policy

### **[Employer Name]'s Vaccination, Testing, and Face Covering Policy**

#### **Purpose:**

*Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. [Employer Name] encourages all employees to receive a COVID-19 vaccination to protect themselves and other employees. [Consider inserting additional statements about the impact of vaccination of employees on the safety of workers' families, customers and visitors, business partners, and the community.] However, should an employee choose not to be vaccinated, this policy's sections on testing and face coverings will apply. This policy complies with OSHA's Emergency Temporary Standard on Vaccination and Testing (29 CFR 1910.501).*

#### **Scope:**

*This COVID-19 Policy on vaccination, testing, and face covering use applies to all employees of [Employer Name], except for employees who do not report to a workplace where other individuals (such as coworkers or customers) are present; employees while working from home; and employees who work exclusively outdoors. [Identify specific groups of employees or job categories, if any, that are not covered by this policy because they fall under these exceptions.]*

*All employees are encouraged to be fully vaccinated. Employees are considered fully vaccinated two weeks after completing primary vaccination with a COVID-19 vaccine with, if applicable, at least the minimum recommended interval between doses. For example, this includes two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, two weeks after a single-*

dose vaccine, such as Johnson & Johnson's vaccine, or two weeks after the second dose of any combination of two doses of different COVID-19 vaccines as part of one primary vaccination series. Employees who are not fully vaccinated will be required to provide proof of weekly COVID-19 testing and wear a face covering at the workplace.

Some employees may be required to have or obtain a COVID-19 vaccination as a term and condition of employment at **[Employer Name]**, due to their specific job duties (e.g., public facing positions). Employees subject to mandatory vaccination requirements should follow all relevant vaccination procedures in this policy and are not given the choice to choose testing and face covering use in lieu of vaccination. **[Identify specific groups of employees or job categories, if any, that are subject to a mandatory vaccination requirement.]**

All employees are required to report their vaccination status and, if vaccinated, provide proof of vaccination. Employees must provide truthful and accurate information about their COVID-19 vaccination status, and, if not fully vaccinated, their testing results. Employees not in compliance with this policy will be subject to discipline.

**[Insert additional information on potential discipline for workers who do not follow the policy (e.g., unpaid leave, termination)]**

Employees may request an exception from vaccination requirements (if applicable) if the vaccine is medically contraindicated for them or medical necessity requires a delay in vaccination. Employees also may be legally entitled to a reasonable accommodation if they cannot be vaccinated and/or wear a face covering (as otherwise required by this policy) because of a disability, or if the provisions in this policy for vaccination, and/or testing for COVID-19, and/or wearing a face covering conflict with a sincerely held religious belief, practice, or observance. Requests for exceptions and reasonable accommodations must be initiated by **[insert relevant instructions]**. All such requests will be handled in accordance with applicable laws and regulations and **[insert reference(s) to the employer's applicable policies and procedures]**.

**[Note that employers should consult other resources for information about federal laws, including the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964, that may entitle employees to reasonable accommodations. See [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws and Vaccinations – Title VII and Religious Objections to COVID-19 Vaccine Mandates.](#)]**

## Procedures:

### Overview and General Information

#### Vaccination

Any **[Employer Name]** employee that chooses to or is required to be vaccinated against COVID-19 must be fully vaccinated no later than **[Date]**. Any employee not fully vaccinated by **[Date]** will be subject to the regular testing and face covering requirements of the policy.

To be fully vaccinated by **[Date]**, an employee must:

- Obtain the first dose of a two dose vaccine no later than **[Date]**; and the second dose no later than **[Date]**; or
- Obtain one dose of a single dose vaccine no later than **[Date]**.



Employees will be considered fully vaccinated two weeks after receiving the requisite number of doses of a COVID-19 vaccine as stated above. An employee will be considered partially vaccinated if they have received only one dose of a two dose vaccine.

**[Describe how employees may schedule their vaccination appointments, e.g., through an on-site clinic, through their own medical provider, or with a mass-vaccination clinic. Also, mention who will be maintaining this policy, e.g., human resources or a designated coordinator, and provide any other general information employees need that is not addressed in the sections below.]**

### **Testing and Face Coverings**

All employees who are not fully vaccinated as of **[Date]** will be required to undergo regular COVID-19 testing and wear a face covering when in the workplace. Policies and procedures for testing and face coverings are described in the relevant sections of this policy.

### **Vaccination Status and Acceptable Forms of Proof of Vaccination**

**[This section should provide information on how the employer will comply with 29 CFR 1910.501(e) to determine each employee's vaccination status and require vaccinated employees to provide acceptable proof of vaccination.]**

#### **Vaccinated Employees**

All vaccinated employees are required to provide proof of COVID-19 vaccination, regardless of where they received vaccination. Proof of vaccination status can be submitted via **[insert how employees can submit vaccination information, e.g., the employer's vaccination portal or in-person at the HR office]**.

Acceptable proof of vaccination status is:

1. The record of immunization from a health care provider or pharmacy;
2. A copy of the COVID-19 Vaccination Record Card;
3. A copy of medical records documenting the vaccination;
4. A copy of immunization records from a public health, state, or tribal immunization information system; or
5. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s).

Proof of vaccination generally should include the employee's name, the type of vaccine administered, the date(s) of administration, and the name of the health care professional(s) or clinic site(s) that administered the vaccine. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances **[Employer Name]** will still accept the state immunization record as acceptable proof of vaccination.

If an employee is unable to produce one of these acceptable forms of proof of vaccination, despite attempts to do so (e.g., by trying to contact the vaccine administrator or state health department), the employee can provide a signed and dated statement attesting to their vaccination status (fully vaccinated or partially vaccinated); attesting that they have lost and are otherwise unable to produce one of the other forms of acceptable proof; and including the following language:

*"I declare (or certify, verify, or state) that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties."*

An employee who attests to their vaccination status in this way should to the best of their recollection, include in their attestation the type of vaccine administered, the date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine.

**[Describe documentation procedures for employees who are fully vaccinated, employees who are partially vaccinated, and employees who have not yet been vaccinated.]**

**All Employees**

All employees, both vaccinated and unvaccinated, must inform **[Employer Name]** of their vaccination status. The following table outlines the requirements for submitting vaccination status documentation.

Vaccination Status	Instructions	Deadline(s)
Employees who are fully vaccinated.	Submit proof of vaccination that indicates full vaccination.	
Employees who are partially vaccinated (i.e., one dose of a two dose vaccine series).	Submit proof of vaccination that indicates when the first dose of vaccination was received, followed by proof of the second dose when it is obtained.	
Employees who are not vaccinated.	Submit statement that you are unvaccinated, but are planning to receive a vaccination by the deadline.	
	Submit statement that you are unvaccinated and not planning to receive a vaccination.	

**[Employers can set their own internal deadlines to allow for processing. OSHA requires employers to collect all information about employee vaccination status by 30 days after publication of the ETS.]**

**Supporting COVID-19 Vaccination**

**[This section should provide information on how the employer will comply with 29 CFR 1910.501(f) and provide support for employee vaccination, including by providing up to four hours paid time at the regular rate of pay for each of their vaccination dose(s) and reasonable time and paid sick leave for recovery from side effects experienced following any vaccination dose.]**

An employee may take up to four hours of duty time per dose to travel to the vaccination site, receive a vaccination, and return to work. This would mean a maximum of eight hours of duty time for employees receiving two doses. If an employee spends less time getting the vaccine, only the necessary amount of duty time will be granted. Employees who take longer than four hours to get the vaccine must send **[their supervisor]** an email documenting the reason for the additional time (e.g., they may need to travel long distances to get the vaccine). Any additional time requested will be granted, if reasonable, but will not be paid; in that situation, the employee can elect to use accrued leave, e.g., sick leave, to cover the additional time. If an employee is vaccinated outside of their approved duty time they will not be compensated.

Employees may utilize up to two workdays of sick leave immediately following each dose if they have side effects from the COVID-19 vaccination that prevent them from working. Employees who



have no sick leave will be granted up to two days of additional sick leave immediately following each dose if necessary.

The following procedures apply for requesting and granting duty time to obtain the COVID-19 vaccine or sick leave to recover from side effects:

**[Describe how an employee should obtain necessary approvals, how to submit requests, how leave is being granted, etc.]**

## **Employee Notification of COVID-19 and Removal from the Workplace**

**[This section should provide information on how the employer will comply with 29 CFR 1910.501(h), which provides that employers must (1) require employees to promptly notify the employer when they receive a positive COVID-19 test or are diagnosed with COVID-19; (2) immediately remove such employees from the workplace; and (3) keep those employees removed until they meet return to work criteria.]**

**[Employer Name]** will require employees to promptly notify [their supervisor] when they have tested positive for COVID-19 or have been diagnosed with COVID-19 by a licensed healthcare provider.

**[Describe how employees will communicate with the employer if they are sick or experiencing symptoms while at home or at work.]**

**[Describe any leave policies (e.g., sick leave, Family Medical Leave Act, other policies) that the employer will implement for employees who test positive for or are diagnosed with COVID-19.]**

## **Medical Removal from the Workplace**

**[Employer Name]** has also implemented a policy for keeping COVID-19 positive employees from the workplace in certain circumstances. **[Employer Name]** will immediately remove an employee from the workplace if they have received a positive COVID-19 test or have been diagnosed with COVID-19 by a licensed healthcare provider (i.e., immediately send them home or to seek medical care, as appropriate).

**[Describe the employer's policies for removing employees from the workplace and any relevant procedures for working remotely or in isolation.]**

## **Return to Work Criteria**

For any employee removed because they are COVID-19 positive, **[Employer Name]** will keep them removed from the workplace until the employee receives a negative result on a COVID-19 nucleic acid amplification test (NAAT) following a positive result on a COVID-19 antigen test if the employee chooses to seek a NAAT test for confirmatory testing; meets the return to work criteria in CDC's "Isolation Guidance"; or receives a recommendation to return to work from a licensed healthcare provider.

Under CDC's "[Isolation Guidance](#)," asymptomatic employees may return to work once 10 days have passed since the positive test, and symptomatic employees may return to work after all the following are true:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, **[Employer Name]** will follow the guidance of a licensed healthcare provider regarding return to work.

**[Describe the employer's policies for employees returning to work following removal from the workplace.]**

## COVID-19 Testing

**[This section should provide information on how the employer will comply with 29 CFR 1910.501(g) and address COVID-19 testing for employees in the workplace who are not fully vaccinated.]**

*All employees who are not fully vaccinated will be required to comply with this policy for testing.*

*Employees who report to the workplace at least once every seven days:*

*(A) must be tested for COVID-19 at least once every seven days; and*

*(B) must provide documentation of the most recent COVID-19 test result to [the supervisor] no later than the seventh day following the date on which the employee last provided a test result.*

*Any employee who does not report to the workplace during a period of seven or more days (e.g., if they were teleworking for two weeks prior to reporting to the workplace):*

*(A) must be tested for COVID-19 within seven days prior to returning to the workplace; and*

*(B) must provide documentation of that test result to [the supervisor] upon return to the workplace.*

*If an employee does not provide documentation of a COVID-19 test result as required by this policy, they will be removed from the workplace until they provide a test result.*

*Employees who have received a positive COVID-19 test, or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.*

**[Describe how employees can fulfill the weekly testing requirement, including where they can get tested, the required schedule for testing (this should address any differences between employees who regularly come to the workplace versus those who do not), and who will cover the costs.]**

## Face Coverings

**[This section should provide information on how the employer will comply with 29 CFR 1910.501(i), which generally requires employers to ensure that each employee who is not fully vaccinated wears a face covering when indoors and when occupying a vehicle with another person for work purposes.]**

**[Employer Name]** *will require all employees who are not fully vaccinated to wear a face covering. Face coverings must: (i) completely cover the nose and mouth; (ii) be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source); (iii) be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers; (iv) fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face; and (v) be a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings. Acceptable face coverings include clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet these criteria and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.*

*Employees who are not fully vaccinated must wear face coverings over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for face coverings will be implemented, along with the other provisions required by OSHA's COVID-19 Vaccination and Testing ETS, as part of a multi-layered infection control approach for unvaccinated workers.*

[Describe how employees will obtain face coverings (e.g., purchased by employer or self-provided) and instructions about when and how they should be worn or used.]

The following are exceptions to [Employer name]'s requirements for face coverings:

1. When an employee is alone in a room with floor to ceiling walls and a closed door.
2. For a limited time, while an employee is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.
3. When an employee is wearing a respirator or facemask.
4. Where [Employer Name] has determined that the use of face coverings is infeasible or creates a greater hazard (e.g., when it is important to see the employee's mouth for reasons related to their job duties, when the work requires the use of the employee's uncovered mouth, or when the use of a face covering presents a risk of serious injury or death to the employee).

#### **New Hires:**

All new employees are required to comply with the vaccination, testing, and face covering requirements outlined in this policy as soon as practicable and as a condition of employment. Potential candidates for employment will be notified of the requirements of this policy prior to the start of employment.

[Describe how new employees must comply with this policy, including any deadlines for submitting vaccination documentation or COVID-19 test results.]

#### **Confidentiality and Privacy:**

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing, will be treated in accordance with applicable laws and policies on confidentiality and privacy.

#### **Questions:**

Please direct any questions regarding this policy to [e.g., Human Resources Department].

This model plan is intended to provide information about OSHA's COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this model plan is not itself a standard or regulation, and it creates no new legal obligations.

# SAMPLE REQUEST FOR RELIGIOUS ACCOMMODATION

## **Instructions for Completing This Form**

[Consistent with Title VII of the Civil Rights Act of 1964 (Title VII)[ and any applicable state or local law] and [EMPLOYER NAME]'s [Religious Accommodations Policy/[POLICY NAME]], [EMPLOYER NAME] will provide a reasonable accommodation for an[ applicant's or] employee's sincerely held religious belief if the accommodation would resolve a conflict between the individual's religious beliefs or practices and a work requirement, unless doing so would create an undue hardship for [EMPLOYER NAME].]

If you believe you need an accommodation because of your sincerely held religious beliefs or practices or lack thereof, you should request an accommodation from the [Human Resources/[DEPARTMENT NAME]] Department. Although you may make an accommodation request orally or in writing, [EMPLOYER NAME] encourages employees to make their requests in writing using this Request for a Religious Accommodation form. Please submit the completed form to the [[POSITION]/Human Resources Department/[DEPARTMENT NAME] Department] at [[EMAIL ADDRESS]/[LOCATION]] as soon as possible after your need for an accommodation is known. If you need extra space to complete this form, please attach additional pages.

[After receiving this form, [EMPLOYER NAME] will contact you [as quickly as possible/within [NUMBER] days] to discuss your accommodation request and, if necessary, request additional information to assess your request. It is important for you and [EMPLOYER NAME] to engage in this interactive process together, so please be sure to respond promptly to any communications you receive from the [[POSITION]/Human Resources Department/[DEPARTMENT NAME] Department] relating to this request.]

[As stated in [EMPLOYER NAME]'s [Religious Accommodations Policy/[POLICY NAME]], [EMPLOYER NAME] prohibits retaliation against any individual for requesting a religious accommodation in good faith.]

If you have any questions about this form or the status of any accommodation request, or if you need assistance with filling out this form or making a request, please contact the [[POSITION]/Human Resources Department/[DEPARTMENT NAME] Department]. For more information, see [EMPLOYER NAME]'s [Religious Accommodations Policy/[POLICY NAME]].

## **Employee Information**

Employee Name:

---

Position/Department:

---

Supervisor:

---

Work telephone number [and email address]:

---

---

Home or mobile telephone number [and personal email address]:

---

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## **Accommodation Request**

- Provide a description of the accommodation you are requesting (for example, a special exception from, or adjustment to, a job requirement). Please identify a specific accommodation or suggestion(s) if you are not sure:

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- Provide the reason you need an accommodation (that is, how your sincerely held religious belief, practice, or observation conflicts with one or more of your job requirements):

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- Is this request time-sensitive? Yes/No (circle one) If yes, please explain:

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- Provide any additional information you think may be relevant to this request:

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**Employee Affirmation and Acknowledgment**

I have read and understand [EMPLOYER NAME]'s [Religious Accommodations Policy/[POLICY NAME]]. This accommodation request is based on a sincerely held religious belief. I understand that [EMPLOYER NAME] is not required to make the specific accommodation I requested and may provide an alternative, effective accommodation. I also understand that [EMPLOYER NAME] is not required to provide any accommodation that would impose an undue hardship on [EMPLOYER NAME].

Employee Signature:

Date:

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---

**FOR OFFICE USE ONLY:**

Date Request Received:

Request Received By:

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# Sample ADA Accommodation Forms

## **Job Accommodation Network** [www.askjan.org](http://www.askjan.org)

The Job Accommodation Network (JAN) is the leading source of free, expert, and confidential guidance on job accommodations and disability employment issues. Serving customers across the United States and around the world for more than 35 years, JAN provides free one-on-one practical guidance and technical assistance on job accommodation solutions, Title I of the Americans with Disabilities Act (ADA) and related legislation, and self-employment and entrepreneurship options for people with disabilities. JAN is funded by a contract from the U.S. Department of Labor, [Office of Disability Employment Policy \(ODEP\)](#) (#1605DC-17-C-0038).

**SAMPLE REASONABLE ACCOMMODATION REQUEST FORM**

**A. Questions to clarify accommodation requested.**

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

Yes

No

If yes, please explain.

Is your accommodation request time sensitive?

Yes

No

If yes, please explain.

**B. Questions to document the reason for accommodation request.**

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

Yes

No

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

**C. Other.**

Please provide any additional information that might be useful in processing your accommodation request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form to \_\_\_\_\_



## SAMPLE MEDICAL INQUIRY FORM<sup>7</sup>

**Note:** This form should be customized each time it is used. Under the ADA, employers should only ask for necessary medical documentation. Do not ask for information you already have or do not need.

### A. Questions to help determine whether an employee has a disability.

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------------------------------	------------------------------	-----------------------------

If yes, what is the impairment or the nature of the impairment?

**Note:** Some state laws may prohibit asking for a diagnosis.

Answer the following question based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity as compared to most people in the general population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

**Note:** Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.

OR

Describe the employee's limitations when the impairment is active.

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

- |                                          |                                                  |                                   |                                   |                                            |
|------------------------------------------|--------------------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------------|
| <input type="checkbox"/> Bending         | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Breathing       | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading  | <input type="checkbox"/> Standing |                                            |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning                | <input type="checkbox"/> Seeing   | <input type="checkbox"/> Thinking |                                            |
| <input type="checkbox"/> Concentrating   | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Sitting  | <input type="checkbox"/> Walking  |                                            |
| <input type="checkbox"/> Eating          | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working  |                                            |

Major bodily functions:

- |                                         |                                        |                                                |                                                      |
|-----------------------------------------|----------------------------------------|------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Bladder        | <input type="checkbox"/> Digestive     | <input type="checkbox"/> Lymphatic             | <input type="checkbox"/> Reproductive                |
| <input type="checkbox"/> Bowel          | <input type="checkbox"/> Endocrine     | <input type="checkbox"/> Musculoskeletal       | <input type="checkbox"/> Respiratory                 |
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological          | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic         | <input type="checkbox"/> Normal Cell Growth    | <input type="checkbox"/> Other: (describe)           |
| <input type="checkbox"/> Circulatory    | <input type="checkbox"/> Immune        | <input type="checkbox"/> Operation of an Organ |                                                      |

### B. Questions to help determine whether an accommodation is needed.

<sup>7</sup> At the state level this form may be different. It is recommended you check with counsel before utilizing any sample form.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance or accessing a benefit of employment?

What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

**C. Questions to help determine effective accommodation options.**

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance?

**D. Other questions or comments.**

Medical Professional's Signature

Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## TEMPORARY/TRIAL ACCOMMODATION APPROVAL FORM

Employee Name:	Date of Approval:	
Description of approved <b>temporary or trial</b> accommodation(s):		
Reason (if applicable) accommodation(s) is being provided temporarily or on a trial basis:		
Date to implement: _____ Date to discontinue or reassess: _____		
Date to extend, or implement long-term: _____		
Comments:		
Does equipment need to be ordered or a service purchased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who will do it?		
Will training be required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who will do the training?		
Who needs to be notified of the accommodation(s)?		
What other steps need to be taken?		
Who will monitor the accommodation(s)?		
What action will be taken at the end of the temporary or trial period?		
<b>SIGNATURES</b>		
Employer Representative:	Date:	
Employee:	Date:	

## ACCOMMODATION DENIAL FORM

Employee Name:	Date of Denial:
Accommodation(s) Denied:	
<b>REASON(S) FOR DENIAL</b> (may check more than one box)	
<input type="checkbox"/> Accommodation Ineffective <input type="checkbox"/> Accommodation Would Cause Undue Hardship <input type="checkbox"/> Medical Documentation Inadequate <input type="checkbox"/> Accommodation Would Require Removal of an Essential Function <input type="checkbox"/> Accommodation Would Require Lowering of Performance or Production Standard <input type="checkbox"/> Other:	
<b>DETAILED REASON(S) FOR THE DENIAL OF ACCOMMODATION</b>	
<b>NEXT STEPS</b>	
<input type="checkbox"/> Provide Additional Information <input type="checkbox"/> Meet to Discuss Other Accommodation Options <input type="checkbox"/> Explore Reassignment <input type="checkbox"/> Terminate Employment	<input type="checkbox"/> Other:
<b>COMMENTS</b>	
<b>SIGNATURES</b>	
Employer Representative:	Date:
Employee:	Date:

## ACCOMMODATION APPROVAL FORM

Employee Name:	Date of Approval:	
Accommodation(s) Approved:		
<b>STEPS NEEDED TO IMPLEMENT</b>		
Does equipment need to be ordered or a service purchased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <i>yes</i> , who will do it?		
Will training be required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <i>yes</i> , who will do the training?		
Who needs to be notified of the accommodation?		
What other steps need to be taken?		
<b>TIMEFRAMES</b>		
When will the accommodation be fully implemented?	Date:	
If maintenance is needed, when will it be done?	Date:	
Is the accommodation being provided on a trial basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <i>yes</i> , when will the trial period end?	Date:	
Comments:		
<b>SIGNATURES</b>		
Employer Representative:	Date:	
Employee:	Date:	