



## **COVID-19 Vaccination Policy**

In accordance with Washington Nonprofit's duty to provide and maintain a workplace that is free of known hazards, this policy is being adopted to safeguard the health of our employees and their families; our members and visitors; and the community at large from infectious diseases such as COVID-19. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable.

### **Mandatory vaccination**

All employees, and contractors who interface with the public on behalf of Washington Nonprofits, are required to receive vaccination against COVID-19 unless a reasonable accommodation is approved. Individuals not in compliance with this policy will be placed on unpaid leave until their employment status is determined by the Deputy Director for Operations.

If currently unvaccinated for COVID-19, employees/contractors will be notified by the Deputy Director for Operations regarding the deadline for vaccine administration. All workers will be given reasonable time off as determined by Washington Nonprofits to receive COVID-19 vaccination and to recover from any potential side effects.

### **Proof of vaccination**

Washington Nonprofits requires all employees and public-facing contractors to provide proof of full COVID-19 vaccination. This policy applies to all current and future employees and contractors – potential new employees or contractors will receive conditional job/contract offers until the proof of vaccination requirement is met.

Proof of vaccination may be supplied in the form of a vaccination card, photo or copy of a vaccination card, documentation from a healthcare provider, or Washington MyIR record. If one of the latter two options is chosen by the current or potential employee/contractor, information must be provided in a manner that does not convey disability-related or other protected health care information. A copy of the provided proof of vaccination will be kept on file in a secured location in the office, stored separately from employee personnel files.

### **Reasonable accommodation**

Reasonable accommodation will be made for employees and contractors who cannot be vaccinated due to disability, pregnancy, or sincerely held religious beliefs. Accommodation requests due to disability or pregnancy (medical exemption) must be accompanied by



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documentation from a medical provider clearly stating that vaccination is contraindicated for that individual. This verification should not disclose protected health information other than the minimum required to substantiate the exemption.

Request for accommodation based on sincerely held religious beliefs (religious exemption) must be grounded in faith, moral, or ethical beliefs, not social or political philosophies. Additional supporting information is required to substantiate this form of request for accommodation, which may include statements or explanations from the individual that describes their beliefs and the practices that support those beliefs, other published documents that describe their religious beliefs, and written statements from religious leaders who have observed the employee's sincere adherence to these religious beliefs.

Employees/contractors in need of an accommodation must submit the appropriate (medical or religious exemption) Request for Accommodation Form to the Deputy Director for Operations to begin an interactive process to determine if a reasonable accommodation is possible.

Reasonable accommodation for individuals unable to be vaccinated may include requiring a mask and/or social distancing when in the office or interacting with others on behalf of Washington Nonprofits, regular required COVID tests, staggered work hours, modifications to the work environment, working remotely, taking accrued leave including sick days and vacation, or leave without pay until such time the individual can be vaccinated.

Washington Nonprofits reserves the right to refuse to grant an accommodation if it would cause undue hardship to the organization, such as compromising safety in the workplace or at organization-sponsored events, decreasing workplace efficiency, infringing on the rights of other employees, or being overly costly to administer.

Employees, contractors, and potential employees/contractors who do not meet the standard for exemption from this vaccination policy due to disability, pregnancy, or sincerely held religious beliefs, or if an accommodation is refused due to undue hardship to the organization, may be discharged from or refused employment if they fail to become vaccinated within the timeframe as set by Washington Nonprofits.

## **High Risk Employees**

Washington Nonprofits will follow all provisions in ESSB 5115, the Health Emergency Labor Standards Act (HELSEA). Signed into law by Governor Inslee on May 11, 2021, HELSEA protects high-risk employees from being discharged, permanently replaced, or discriminated against in



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the workplace for seeking accommodation from exposure to an infectious or contagious disease during a public health emergency.

To be protected under HELSA, the employee must obtain a statement from their medical provider affirming they are at high risk in the workplace. Employees are not required to disclose any medical condition or diagnosis to their employer for the purposes of this law. Reasonable accommodation under HELSA may include wearing a mask and/or social distancing when in the office or interacting with others on behalf of Washington Nonprofits, staggered work hours, modifications to the work environment, working remotely, taking accrued leave including sick days and vacation, or leave without pay until the public health emergency ends.

At any time, Washington Nonprofits may provide more accommodation than required by HELSA at the discretion of the Executive Director, as long as accommodations are offered equitably to all high-risk employees.

Board approved on: 9/24/21



## **COVID-19 Vaccination Accommodation Request Form (Medical)**

To request an exemption from the required COVID-19 vaccination, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to the Deputy Director.

### **Section 1**

|               |                  |
|---------------|------------------|
| Name (print): | Date:            |
| Position:     | Work/Cell Phone: |

I am requesting a medical exemption from Washington Nonprofits' mandatory COVID-19 vaccination policy.

I verify that the information I am submitting to substantiate my request for exemption from Washington Nonprofits' vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Washington Nonprofit is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Washington Nonprofits.

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|



**Section 2**  
**Medical Certification for Vaccination Exemption**

Employee Name: \_\_\_\_\_

Dear Medical Provider,

Washington Nonprofits requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Washington Nonprofits in the reasonable accommodation process for this employee.

**The person named above should not receive the COVID vaccine due to:**

[Do not disclose protected health information other than the minimum necessary to substantiate the medical contradiction]

**This exemption should be:** [circle one]

- Temporary, expiring on: \_\_/\_\_/\_\_\_\_, or when \_\_\_\_\_
- Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.



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|                                |                 |
|--------------------------------|-----------------|
| Medical Provider Name (print): |                 |
| Medical Provide Signature:     | Date:           |
| Practice Name & Address:       | Provider Phone: |

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## HR USE ONLY

Date of initial request: \_\_/\_\_/\_\_

Date certification received: \_\_/\_\_/\_\_

Accommodation request: [circle one]

- Approved \_\_/\_\_/\_\_

Describe specific accommodation details:

- Denied \_\_/\_\_/\_\_

Describe why accommodation is denied:



**COVID-19 Vaccination Accommodation Request Form (Religious)**

To request a religious exemption from the required COVID-19 vaccination, please complete Sections 1 and 2 below before returning this form to the Deputy Director. Additional information may be requested as part of the interactive accommodations process.

**Section 1**

|               |                  |
|---------------|------------------|
| Name (print): | Date:            |
| Position:     | Work/Cell Phone: |

I am requesting a religious exemption from Washington Nonprofits' mandatory COVID-19 vaccination policy.

I verify that the information I am submitting to substantiate my request for exemption from Washington Nonprofits' vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Washington Nonprofit is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Washington Nonprofits.

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|







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In some cases, Washington Nonprofits will need to obtain additional information and/or documentation about your religious practices or beliefs. The organization may need to discuss the nature of your religious beliefs, practices, or accommodation with your religious spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you provide documentation to support your beliefs and need for an accommodation?

Yes  No

If no, please explain why below:

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## HR USE ONLY

Date of initial request: \_\_/\_\_/\_\_

Date certification received: \_\_/\_\_/\_\_

Additional information needed:  Yes  No

Date of additional information request: \_\_/\_\_/\_\_

Date of additional information received: \_\_/\_\_/\_\_

Accommodation request: [circle one]

- Approved \_\_/\_\_/\_\_

Describe specific accommodation details:

- Denied \_\_/\_\_/\_\_

Describe why accommodation is denied: