NOTICE

Collection of COVID-19 Vaccination Status Information And Potential Mandatory Vaccination Policy

To ensure the health and safety of our employees, tenants and visitors, and their families, and other members of our community as we return from the COVID-19 pandemic, and in accordance with the Memorandum of Agreement dated September 30, 2021, [Employer] ("Employer") is collecting information from every employee regarding his or her vaccination status, and may be implementing a policy that requires all employees to be fully vaccinated against COVID-19.

Collection of Vaccination Status Information

All employees must inform [name], if they have not done so already, by [date[A1]], as to whether they are fully vaccinated (*i.e.*, received both doses of a two-dose vaccine or a single dose of a one-dose vaccine as well as any recommended booster shot(s)) against COVID-19 and, if so, provide proof of vaccination. Any employee who is not *fully* vaccinated must, by that date, provide [name] with the following additional information:

(i) whether he or she has an appointment to receive either a first or second vaccination shot and provide a copy of the appointment notification;

(ii) whether he or she is seeking a vaccination appointment, and provide documentation of his or her request for an appointment or whether he or she needs assistance in accessing a vaccination appointment; and

(iii) if he or she is unwilling to be vaccinated, provide his or her reason for refusing vaccination, including whether he or she is not seeking a vaccination due to a religious belief or health condition.

Proof of vaccination shall include a copy (e.g., photograph, pdf, or photocopy) of the employee's Center of Disease Control and Prevention ("CDC") "COVID-19 Vaccination Record Card" or Excelsior Pass Plus, or a letter from the employee's doctor or other medical professional that he or she has received the vaccine.

All information disclosed to Employer shall be kept in records separate from the rest of the employee's personnel file and will not disclosed to any third party, except upon the Union's request, such information shall be disclosed to the Union.

Mandatory COVID-19 Vaccination Policy

Employer is considering the implementation of a mandatory COVID-19 vaccination policy. To the extent Employer decides to implement such a policy, employees will be notified of that policy.

Acknowledgment Of Notice Of Collection of COVID-19 Vaccination Status Information And Potential Mandatory Vaccination Policy

I, _____, hereby acknowledge receipt of Employer's Notice of Collection of COVID-19 Vaccination Status Information and Potential Mandatory Vaccination Policy. I hereby acknowledge and understand that it is my responsibility to read that Notice, familiarize myself with the requirements set forth therein, and provide the requested information by the required date.

_____
Signature of Employee

Dated:

COVID-19 Vaccination Policy (Mandatory)
Effective Date: [date[A2]]

To ensure the health and safety of our employees, tenants, and visitors, and their families, and other members of our community as we return from the COVID-19 pandemic, [name] ("Employer") requires that all employees be fully vaccinated (*i.e.*, receive both doses of a two-dose vaccine or a single dose of a one-dose vaccine as well as any recommended booster shot(s)) against COVID-19 as soon as possible but no later than [date[A3]] in accordance with federal, state, and local guidelines and in consultation with their healthcare provider.

Mandatory Vaccination

Except as set forth below in the section titled "Exemptions," all employees who are *not* fully vaccinated must: (1) obtain the first dose of a two-shot vaccine, or the single dose vaccine and provide [name] with a copy of their COVID-19 vaccination card, by [date[A4]]; and (2) obtain the second dose of a two-shot vaccine and provide [name] with a copy of their updated COVID-19 vaccination card, by [date[A5]]. Employer also requires that employees receive any booster shots that may be recommended by the health authorities.

Upon an employee's request, Employer will provide him or her with access to a computer for purposes of registering for vaccination, information about how to contact the Local 32BJ Health Fund for assistance in registering for vaccination, and how he or she may access vaccination appointments at no cost.

Documentation should only include proof of vaccination and no other medical or genetic information (*e.g.*, family medical history). Proof of vaccination shall include a copy (e.g., photograph, pdf, or photocopy) of the employee's Center of Disease Control and Prevention ("CDC") "COVID-19 Vaccination Record Card" or Excelsior Pass Plus, or a letter from the employee's doctor or other medical professional that he or she has received the vaccine.

Exemptions

Any employee who will not receive a COVID-19 vaccination because of a qualifying disability or sincerely held religious belief should contact [name] to request an accommodation by [date[A6]] to avoid being noncompliant with this Policy. Employer will assess whether such employees are eligible for a reasonable accommodation in accordance with Employer policy as well as federal, state, and local law. Employer will keep any medical information obtained in connection with a request for a reasonable accommodation confidential in accordance with, and to the extent required by, applicable law, regulations and guidance.

Compensation / Time Off

Employees will be eligible for up to four (4) hours of paid leave for each dose of the vaccine received during working hours. If the employee requests the full shift off in connection with his or her vaccination, or it is not feasible for Employer to schedule employee to work a partial shift, the employee will be paid four (4) hours contractual sick leave in addition to four (4) hours of vaccination leave, provided that the employee provides Employer with written confirmation of his

or her vaccination. In addition, if the employee experiences side effects from a vaccination dose or booster, he or she will receive an additional paid day off to recover from such side effects, provided the employee provides Employer with a medical note regarding such side effects.

Consequences of Non-Compliance

Any employee who is not in compliance with this Policy by the required dates (and who is not eligible for an exemption) must select one of the following:

(i) an unpaid leave of absence ("LOA") of up to four (4) months and return to their position within that time frame upon becoming fully vaccinated; or

(ii) placement on a recall list through March 1, 2022 or six (6) months from their last day of work, whichever is later, for recall into the same or similar position at his or her building or worksite to the extent they have become fully vaccinated or this vaccination Policy has been lifted; or

Employees must complete and submit a selection form to [name], indicating which of the two above option they select, on or before [date]. Employees who do not elect either an LOA or placement on a recall list in accordance with the above options, or who fail to complete and submit the required election form for these two options will be separated from employment with a non-disciplinary termination.

If a resident manager or resident superintendent seeks option (i) (LOA) or (ii) (furlough) but such LOA or furlough is not feasible due to the coverage needs at the building, the Union and Employer shall promptly meet to resolve the dispute, and if they are unable to do so, the dispute will be submitted to arbitration in accordance with the Memorandum of Agreement dated September 30, 2021.

Additional Information

This Policy is an essential component of Employer's overall strategy and commitment to maintaining a safe and healthy workplace during the COVID-19 pandemic. **This Policy is designed in accordance with the Memorandum of Agreement dated September 30, 2021 and for use together with, and not as a substitute for, other measures to prevent the transmission of COVID-19 in the workplace.** Additional information regarding Employer's COVID-19-related health and safety policies can be found [where located].

This policy will remain in effect until further notice. Any questions regarding this policy should be directed to [name and contact information].

Acknowledgment Of COVID-19 Vaccination Policy (Mandatory)

I, _____, hereby acknowledge receipt of Employer's COVID-19 Vaccination Policy (Mandatory). I hereby acknowledge and understand that it is my responsibility to read that Policy, familiarize myself with the requirements set forth therein, and comply with the Policy by the required dates.

I understand that I may direct questions about that Policy to [insert] or my Union representative.

_____
Signature of Employee

Dated: