

Vaccination Election Form

SEIU Local 32BJ and the Realty Advisory Board on Labor Relations, Inc. (“RAB”), agreed on September 30, 2021, to a process by which RAB employers who seek to require their building service employees to be vaccinated against COVID-19, may do so subject to certain requirements in the parties’ agreement and the requirements of federal, state, and local law. The agreement specifies options for employees who choose not to be vaccinated after their employer requires vaccination as condition of continuing employment, and who are not otherwise eligible for medical or religious accommodations.

You are receiving this Election Form because you have not provided your employer with acceptable confirmation that you are vaccinated, or are in the process of being vaccinated. If you do not begin the vaccination process by [DATE], your employment will be terminated for non-disciplinary reasons. However, you may also choose one of the following options:

Option 1. You may take an unpaid leave of absence (LOA) of up to four (4) months and return to the position you vacated in accordance with your collective bargaining agreement once you have provided confirmation that you are fully vaccinated (meaning two weeks have passed from your final vaccination dose).

Option 2. You may opt to be furloughed with a right of recall to an available position if vacant positions become available at your worksite. You may only be recalled if you become fully vaccinated while on furlough, or if the Employer’s policy at your worksite requiring vaccination against COVID-19 is lifted.

If you do not wish to choose either of these options, your employment will end and your termination will be deemed a non-disciplinary termination. Your separation from employment will not be considered a voluntary resignation or a termination for misconduct.

IF YOU WISH TO BE PLACED ON A LEAVE OF ABSENCE UNDER OPTION 1 OR A FURLOUGH UNDER OPTION 2, PLEASE RETURN THIS SIGNED AND DATED FORM NO LATER THAN [DATE].

CONTINUED ON PAGE 2

IF YOU DO NOT COMMENCE THE VACCINATION PROCESS BY [DATE] AND DO NOT SUBMIT THIS FORM TO [CONTACT] TO CHOOSE ONE OF THE OPTIONS ABOVE, YOUR EMPLOYMENT WILL TERMINATE FOR NONDISCIPLINARY REASONS.

Please indicate your choice below by checking the box next to the option you choose, and signing, printing your name, and dating your signature below:

- I choose to be placed in Option 1 (LOA).
- I choose to be placed in Option 2 (Furlough and Recall, if eligible).

I understand that by not selecting Option 1 or 2, my employment will terminate for non-disciplinary reasons.

Signature

Date

Printed Name