

Employee Voluntary COVID-19 Vaccination Policy

Updated 3/17/21

Advocates has implemented a voluntary vaccination policy effective 2/1/21 regarding COVID-19 vaccination for employees.

- Because Advocates has a responsibility to provide and maintain a workplace that is free of known hazards, we strongly encourage employees to receive the COVID-19 vaccine (as long as the employee's medical provider is in agreement) to minimize the risk of infectious disease in our workplace and to minimize the risk to the people with intellectual and developmental disabilities that we support and their families.
- This agency decision is based on recommendations from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), the NY State Department of Health (DOH) and local medical professionals.

Advocates is continuously updating our website with the most current information on **local county and state vaccination site locations and scheduling**: <http://www.advocatesincorporated.org/information-resources/>

NY State Department of Health **state vaccination site locations and scheduling**: <https://covid19vaccine.health.ny.gov/>

- There is no charge for COVID-19 vaccinations at any location.
- All employees may take a paid leave of absence during their regularly scheduled work hours, not to exceed four hours, to be vaccinated for COVID-19.
- Employees will receive payment of \$50 upon submitting proof of vaccination to Human Resources. Employees must be on payroll at the time of the vaccination. Employees are eligible for payment regardless of if they completed the vaccination during or outside of their regularly scheduled work hours.
- Employees are encouraged to talk with their medical providers and visit the following websites for more information on the COVID-19 vaccine:
NY State Department of Health: <https://covid19vaccine.health.ny.gov/>
Centers for Disease Control and Prevention:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/>

Employee COVID-19 Vaccination Attestation

Please check one of the four statements below to indicate your COVID-19 vaccination status.

____ I have received my 1st dose of the COVID-19 vaccine. After I receive my 2nd dose, I will submit proof of receiving my 2nd dose of the vaccine to Human Resources as soon as possible and will receive payment for \$50.

During regularly scheduled work hours: I will submit proof of receiving my **1st dose** of the vaccine to Human Resources as soon as possible. I will also submit the time that I took off from work and the total number of hours that it took to get the **1st dose** of the COVID-19 vaccine.

Or

____ I have received both doses of the COVID-19 vaccine. I will submit proof of receiving my 2nd dose of the vaccine to Human Resources as soon as possible in order to receive payment of \$50.

During regularly scheduled work hours: I will submit proof of receiving my **2nd dose** of the vaccine to Human Resources as soon as possible. I will also submit the time that I took off from work and the total number of hours that it took to get the **2nd dose** of the COVID-19 vaccine.

Or

____ I plan to receive the COVID-19 vaccine when I am able make a **vaccination appointment**. I understand that I am eligible for a paid leave of absence during my regularly scheduled work hours to be vaccinated for COVID-19. I understand that I am eligible to receive payment of \$50 after I submit proof of vaccination to Human Resources.

Or

____ I am choosing not to receive the COVID-19 vaccine at this time. I understand that I am currently eligible for the COVID-19 vaccine. I understand that I can contact Advocates for more information at any time.

How to request a Paid Leave of Absence during your regularly scheduled work hours:

All employees will need to speak to the individual and/or family that they support to request the time off during their regularly scheduled work hours. Once the employee receives the **1st dose** of the vaccine, the employee will submit proof to Human Resources. The employee will need to submit the time they took to take off from work and the total number of hours that it took to receive the **1st dose** of the COVID-19 vaccine. The paid leave of absence will be paid in the next available payroll (2-4 weeks from date that proof of vaccination is submitted by employee).

Once the employee receives the **2nd dose** of the vaccine, the employee will submit proof to Human Resources. The employee will need to submit the time they took to take off from work and the total number of hours that it took to receive the **2nd dose** of the COVID-19 vaccine. The paid leave of absence will be paid in the next available payroll (2-4 weeks from date that proof of vaccination is submitted by employee).

When to expect \$50 payment for employee vaccination:

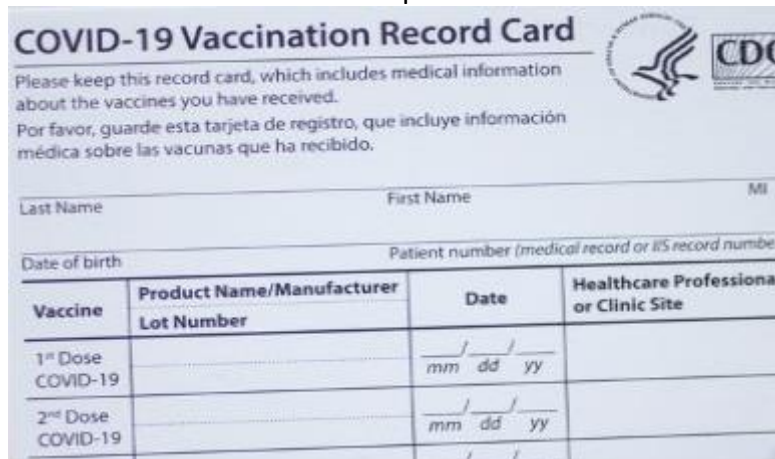
Once proof of COVID-19 vaccination (proof of **2nd dose** of vaccine) has been received by Human Resources, \$50 will automatically be paid in the next available payroll (2-4 weeks from date that proof of vaccination is submitted by employee).

All employees will be paid at a consistent rate of \$50 total. This flat rate is intended to compensate for approximately 2 hours per vaccination appointment x 2 appointments (1 appointment per dose, 2 doses required) x agency indirect payrate of \$12.50/hour = \$50 total.

What to submit as proof of COVID-19 vaccination (proof of receiving 2nd dose of vaccine):

Proof of vaccination includes vaccination card (issued at vaccination appointment), listing the dates of both doses.

Sample:



The image shows a sample of a COVID-19 Vaccination Record Card. The card is titled "COVID-19 Vaccination Record Card" and features the CDC logo. It includes instructions in both English and Spanish to keep the card as a medical record. The card has fields for Last Name, First Name, MI, Date of birth, and Patient number (medical record or IIS record number). Below these fields is a table with columns for Vaccine, Product Name/Manufacturer, Lot Number, Date, and Healthcare Professional or Clinic Site. The table has two rows for the 1st and 2nd doses of COVID-19 vaccine, with the date field containing a date format of mm/dd/yy.

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	

How to submit proof of vaccination:

Email proof of COVID-19 vaccination to: hrsecure@advocatesincorporated.org or mail to Advocates Liverpool office Attn: Human Resources.

____ I have read and understand Advocates Voluntary Vaccination Policy.

Employee Signature: _____ Date: _____

Please reach out to the Advocates Leadership Team with any questions: teamwork@advocatesincorporated.org