



## Employee COVID-19 Vaccination Communication Policy

5/3/22

Effective 5/3/22: Advocates has modified our “Employee COVID-19 Voluntary Vaccination Policy” to simply require that employees communicate their COVID-19 vaccination and booster status. Advocates is required by the Office for People with Developmental Disabilities (OPWDD)/Department of Health to collect and report employee COVID-19 vaccination and booster status and to maintain proof of vaccination for employees who choose to be vaccinated.

- 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 recommendation 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.

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.
- Employees will receive payment for up to 4 hours per dose of vaccination time upon submitting proof of vaccination to Human Resources if vaccination was received during regularly scheduled work hours (see details in Employee COVID-19 Vaccination Attestation below).

- 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 and Booster Attestation

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

\_\_\_\_ **I am partially vaccinated.** After I am fully vaccinated, I will submit proof of COVID-19 vaccination (and booster if eligible) to Human Resources as soon as possible and will receive payment for up to 4 hours per dose of vaccination time if vaccination was received during regularly scheduled work hours.

Or

\_\_\_\_ **I am fully vaccinated – I have received both doses of the COVID-19 vaccine and booster if eligible.** I will submit proof of receiving my 2<sup>nd</sup> dose of the vaccine (and booster if eligible) to Human Resources as soon as possible.

Or

\_\_\_\_ **I plan to receive the COVID-19 vaccine and booster.** I understand that after receiving my 2<sup>nd</sup> dose of the vaccine (and booster if eligible), I must submit proof of vaccination (and booster if eligible) to Human Resources and will receive payment for up to 4 hours per dose of vaccination time if vaccination was received during regularly scheduled work hours.

Or

\_\_\_\_ **I am choosing not to receive the COVID-19 vaccine/booster at this time.**

## What to submit as proof of COVID-19 vaccination (proof of receiving 2<sup>nd</sup> dose of vaccine) and proof of receiving booster:

Proof of vaccination and booster includes vaccination card (issued at vaccination/booster appointment)

Sample:

**COVID-19 Vaccination Record Card**

Please keep this record card, which includes medical information about the vaccines you have received.  
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of birth \_\_\_\_\_ Patient number (medical record or IIS record number) \_\_\_\_\_

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	_____	mm / dd / yy	_____
2 <sup>nd</sup> Dose COVID-19	_____	mm / dd / yy	_____
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## How to submit proof of vaccination and booster:

Email proof of COVID-19 vaccination and booster to: [hrsecure@advocatesincorporated.org](mailto:hrsecure@advocatesincorporated.org) or mail to Advocates Liverpool office Attn: Human Resources.

\_\_\_\_ I have read and understand Advocates COVID-19 Vaccination and Booster Communication Policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please reach out to the Advocates Leadership Team with any questions:

[teamwork@advocatesincorporated.org](mailto:teamwork@advocatesincorporated.org)