

COVID-19 Vaccine Policy & Procedure for Accommodation

Consistent with its duty to provide and maintain a workplace that is free of recognized hazards, Skate Like a Girl has adopted a policy to safeguard the health and wellbeing of our team members and community, those we engage with and our partners from this infectious condition that may be mitigated through a known vaccination. This policy is intended to comply with all federal, state and local laws and regulations as well as requirements of our partners. It is also based upon guidance provided by the Centers for Disease Control and Prevention (CDC.)

Skate Like a Girl strongly encourages all team members to receive the COVID-19 vaccine effective November 1st, 2021. Those who do not establish that they have received the vaccine must obtain an approved exemption from the requirement for a vaccination as well as wear approved face-covering at all times while in the designated workplace (unless they also obtain an approved exemption from the required face-covering.)

To establish that they have received a vaccination, employees may present written evidence of immunization from the designated site or from another authorized healthcare provider. If an employee has yet to be vaccinated, paid time off is available to schedule vaccination appointments and time to recover, please seek your direct supervisor for scheduling. Skate Like a Girl is committed to addressing access, please advise your direct supervisor if you have any concerns as to access to the vaccination.

Skate Like a Girl is committed to providing equal employment opportunities without regard to any protected status and a work environment for all team members that is free of unlawful discrimination, harassment, and retaliation. Skate Like a Girl allows for exemptions to COVID-19 immunization requirements as a reasonable accommodation to assist any employee who is disabled, has a qualifying medical condition that is a contraindication to the vaccination, or who objects based on sincerely held religious beliefs and practices.

When requested, Skate Like a Girl will provide an exemption/reasonable accommodation for employees' disability or qualified medication condition, religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the Company or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

Further, Skate Like a Girl is committed to assisting those who have a qualifying medication condition that contraindicates wearing an approved face-covering, or who objects to wearing a face-covering on the basis of sincerely held religious beliefs and practices, the organization will engage in an interactive process to determine if a reasonable accommodation can be provided, so long as it does not create an undue hardship for Skate Like a Girl and/or does not pose a direct threat to the health or safety of others in the workplace, team or community and partners.

If you believe that you require such an accommodation, please notify the Executive Director in writing. Once Skate Like a Girl is aware of the need for an accommodation, they will engage in an interactive process to identify possible accommodations. If you believe that you have been treated in a manner not in accordance with these policies, please notify the organization immediately by speaking to the Executive Director, Director or a member of the Board. You may utilize this procedure without fear of retaliation.

The team member requesting an exemption from the vaccine policy as a reasonable accommodation will be provided to Executive Director the following:

A Request for Medical Exemption/Reasonable Accommodation please provide the following information:

Steps & Forms to be completed.

To be completed by Employee:

Name: _____

Date of Request: _____

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

Signature: _____

Date: _____

Print Name: _____

To be completed by Employee's Medical Provider:

Skate Like a Girl

Employee Name: _____

Attention Medical Provider:

Skate Like a Girl requires a COVID-19 vaccination as a condition of employment. The above named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below. Should you have any questions, please contact _____ at _____. Thank you.

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply.):

- History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

- o Other – Please provide this information in a separate narrative that describes the exemption in detail.

I certify that _____ has the above contraindication and request a medical exemption from the COVID-19 vaccination.

Medical Provider Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone number: _____

To be completed by Executive Director:

Date this Request Form Received:

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of Representative: _____

Signature of Representative: _____

Date: _____

Request for Religious Exemption/Reasonable Accommodation Form

To Be Completed by Employee:

Name: _____

Date of Request: _____

Please explain below why you are requesting an Exemption/Accommodation:

In some cases, the Company will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? _____ Yes _____ No

If no, please explain why:

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

Signature: _____

Date: _____

Print Name: _____

To be completed by Executive Director:

Date this Request Form Received:

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of Representative: _____

Signature of Representative: _____

Date: _____

If the request for accommodation does not fall into one of these categories, please contact the Executive Director for more information. If an employee refuses to provide such information, the employee's refusal may impact the Company's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

After receipt of the employee's Request for Exemption/Accommodation, the Executive Director will engage in an interactive process with the employee to identify a possible accommodation.