



COVID-19 Mitigation & Management Policy

Effective Date: January 23, 2023

Purpose

In accordance with Casa Central's duty to provide and maintain a safe workplace that is free of known hazards, the agency has adopted a layered COVID-19 mitigation and management strategy to safeguard the health of our employees and their families; our participants and visitors; and the community at-large. This policy is intended to comply with all applicable laws and regulations and is based on current guidance from the Centers for Disease Control and Prevention, local health authorities, funder guidelines and mandates, and agency best practices.

This policy includes information about

- 1 – Masking
- 2 – Self-Reporting Requirements
- 3 – Employee Exclusion from & Return to the Workplace
- 4 – COVID-19 Testing
- 5 – On-Site and Off-Site Health Screenings
- 6 – Vaccination

Content in this policy is subject to change due to shifts in state, local, federal, funder and agency mandates.

General Considerations

Managers' and Supervisors' Responsibilities

Managers and supervisors have the responsibility to enforce this policy and to communicate this policy to all their employees during department/program meetings.

Anti-Harassment and Discrimination

As an agency, we do not tolerate any form of harassment or retaliation towards any employee. No employee shall be discriminated against or harassed due to their vaccination status, decision to continue wearing a mask, etc. For further information, please visit the Anti-Harassment and Discrimination Policy.

Confidentiality

All information pertaining to vaccinations or requests for accommodation are maintained in secure physical and electronic files within the Human Resources Department. Only designated individuals will have access to such information for necessary operational purposes, and that information will never be made public.

Any breach in confidentiality will be treated as any other information breach, as outlined in the Security of Information Policy.

It will be the responsibility of all employees to request a copy of this policy from their manager, Human Resources Department, or by accessing via the Share Drive for review. Failure to adhere to the agency's established guidelines in this policy may result in further disciplinary review of all parties involved.

Procedures

1 – Masking

Casa Central will lower the requirement for mask usage to optional. Employees, participants, and guests are encouraged to continue masking as a personal choice. Employees, volunteers, interns, participants, and guests should respect others making the decision to continue masking. Our goal is to align with the CDC community level recommendations (outlined in the chart below) moving forward, but in no way impose on any individual's personal choice to continue masking at any time.

When Masks Are Still Required

There will be times when employees, volunteers, interns, participants, and guests, are still required to mask despite community level recommendations and the change in the agency mask mandate. These decisions are made on a case-by-case basis. Some examples include, but are not limited to, the following areas:

- Masking is required when returning from isolation, up to 10 days following a COVID-19 positive case.
- Masking is required up to 10 days following exposure to a positive COVID-19 case.
- Universal masking is required when mandated by the CDC, other authority, or as required by HR, to address a possible outbreak in a program or department. Employees, guests, and participants should be mindful of signage in department/program areas and adhere to all masking requirements.
- For home visits, participants may request an employee continue to wear a mask for continued precautionary measures.
- Masking may be required for specific programs (staff, participants, and/or visitors) where a funder or other authority enforces the requirement.

COVID-19 Community Level Chart

	<p style="text-align: center;">LOW</p> <p>Limited impact on healthcare system; low levels of severe disease.</p>	<p style="text-align: center;">MEDIUM</p> <p>Some impact on healthcare system; more people with severe disease.</p>	<p style="text-align: center;">HIGH</p> <p>High potential for healthcare system strain; high level of severe disease.</p>
Vaccination	Talk with your healthcare provider about vaccines, and stay up-to-date with vaccinations and boosters.	Talk with your healthcare provider about vaccines, and stay up-to-date with vaccinations and boosters.	Talk with your healthcare provider about vaccines, and stay up-to-date with vaccinations and boosters.
Mask Use	<p>Mask based on individual preference, informed by individual risk.</p> <p>Mask use may be required in certain circumstances—follow guidelines as given.</p>	<p>Mask usage is encouraged; mask based on individual preference, informed by individual risk.</p> <p>Mask use may be required in certain circumstances—follow guidelines as given.</p>	<p>Mask usage is strongly encouraged; mask based on individual preference, informed by individual risk.</p> <p>Mask use may be required in certain circumstances—follow guidelines as given.</p>
Isolation & Quarantine	<p>Stay home when sick.</p> <p>Follow isolation & quarantine guidance, including getting tested if exposed or having symptoms of COVID-19.</p>		
Physical Distancing	Distance from others based on individual preference, informed by individual risk.	Limit indoor in-person gathering and reduce size of gatherings. Physical distancing is encouraged.	

			Distance from others based on individual preference, informed by individual risk.
<p>High Risk Persons</p> <p>(People who are more likely to become very sick with COVID-19, including:</p> <ul style="list-style-type: none"> • People who are older • People with certain medical conditions • Pregnant and recently pregnant people) 	Talk with your healthcare provider about preventative treatments and other actions you can take to manage your risk.	Consider wearing a well-fitting mask in all indoor public settings.	Consider avoiding non-essential indoor public activities. Wear a well-fitting mask in all indoor public settings.
		Talk with your healthcare provider about preventative treatments and other actions you can take to manage your risk.	Talk with your healthcare provider about preventative treatments and other actions you can take to manage your risk.

2 – Self-Reporting Requirements

For Exposures, Symptoms, or a Confirmed COVID-19 Diagnosis

Employees are required to self-report suspected COVID-19 (symptoms), confirmed COVID-19 diagnosis/test results, and exposures to a positive COVID-19 case (defined as 15 minutes or more of contact in the 2 days prior to symptom onset or in the 2 days prior to a positive test for asymptomatic positive cases). All employees must notify their immediate supervisor, or any member of the agency’s management team, as soon as possible if they develop COVID-19 related symptoms, are diagnosed or test positive with COVID-19, or if they have been exposed to a confirmed case of COVID-19.

COVID-19 symptoms include, but are not limited to: fever, cough, diarrhea/GI symptoms, headache, muscle ache, chills, sore throat, vomiting, abdominal pain, nasal congestion, runny nose, loss of sense of smell, loss of sense of taste, malaise, fatigue, shortness of breath or difficulty/trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face.

Please follow the self-reporting process as stated below:

- Notify your manager immediately if you have COVID-19-related symptoms, test positive for COVID-19, or have been exposed to a positive COVID case.
- Consult with your manager if you seek testing for COVID-19 for precautionary measures (testing without symptoms or known exposure)
- If a member of your household is subject to routine testing, please notify your manager. This is NOT inclusive of testing because of symptoms or exposures, but rather of ongoing testing (i.e. your child's school does testing every week; your spouse's workplace requires monthly testing; etc.)
- Consult with your manager when traveling outside of Illinois to a state listed in the Emergency Travel Order and have not received clearance from your manager to return to work.
- Consult with your manager when traveling internationally and wait for clearance from your manager to return to work.

Do not come to work if:

- A member of the household (including yourself) is seeking diagnosis or has a pending COVID-19 test due to symptoms, illness and/or COVID-19 exposure.
- You have been advised by a healthcare provider to be tested for COVID-19.
- You are subject to a quarantine or isolation order due to a confirmed COVID-19 exposure/illness as directed by a third party, such as your primary physician or manager.
- You are under advisement from a healthcare provider to self-quarantine for reasons related to COVID-19 (even if you are not experiencing symptoms of or ill with COVID-19).
- You are experiencing COVID-19 symptoms and are seeking a medical diagnosis.
- You are caring for a child who was placed on quarantine by a physician or school due to exposure and/or other COVID-19 reasons.

- If you are feeling ill with COVID-19 symptoms or believe you have had contact with someone ill with COVID-19, contact your primary care physician for guidance. Notify your manager immediately to further assess your return-to-work guidelines.
- If you are feeling ill with COVID-19 related symptoms and have not been exposed to Covid-19, contact your primary care physician for guidance. Notify your manager immediately **to further assess your return-to-work guidelines.**
- For more information and additional reporting requirements, please contact your manager directly.

Please note that no employee should ever report to work if they are experiencing symptoms of COVID-19, feeling ill, or have a fever. In these situations, employees should speak to their managers to evaluate return to work guidance and/or remote work options, if available.

It is everyone's responsibility to protect Casa Central's community. The agency reserves the right to take all reasonable measures to prevent any employees who are or appear to be experiencing COVID-19 symptoms from entering any building or providing services to any participant.

Travel (both domestic and international)

Employees are expected to report any travel outside of Illinois, including international travel, to assess risk factors regardless of vaccination status, as directed by city and state agencies. Every situation is evaluated on a case-by-case basis by the department/program manager to determine any need for quarantine, masking, or testing.

3 – Employee Exclusion & Return

Employees who test positive for COVID-19 need to contact their immediate manager first to properly document your case.

The agency's return-to-work process for employees related to COVID-19 cases, exposures, symptoms, and travel, is managed by the employee's immediate supervisor.

Employees should inform their immediate supervisor following confirmation of exposure, confirmed COVID-19 case, travel, or symptoms suggestive of COVID-19; your supervisor will take the necessary steps by using CDC guidelines to determine the appropriate precautionary measures for your situation (see chart, Appendix A). Confirmed employee Covid-19 diagnosis must be documented via our internal Incident Tracker.

Managers can consult with HR for support with exploring employee leave options due to illness, or for support with determining return-to-work expectations for employees. Management reserves the right to request written documentation for any absence related to illness, as outlined in the Time Off Policy.

Managers will use the provided CDC Chart (Appendix A) with directions on how to reintegrate employees back into the workplace following absence due to COVID-19.

City and State Emergency Travel Order for Domestic and International Travel

Please note that the City and State emergency travel order may be updated and changed by the City and State at any time. Therefore, it will be the employee's responsibility to frequently check the Chicago government website for a more up to date list.

The agency will notify employees via email, signs, and/or broadcast messaging, if changes occur with travel orders that may affect COVID-19 agency protocols.

Calling in Sick

When employees call in sick, they should be aware that their manager may follow up with additional questions to assess an employee's ability to return to work. Management reserves the right to ask for employees to complete a return to work note at any time to ensure an employee does not pose a health risk to themselves or other employees in the workplace.

4 – COVID-19 Testing

Acceptable forms of testing are a rapid (home kit or lab) or PCR test administered by a lab.

5 – On-Site and Off-Site Health Screenings

Employee, Volunteer and Intern On-Site Health Screenings

Employees, volunteers, and interns will be required to self-screen prior to entering any of our Casa Central buildings. The self-service kiosk will still require temperature readings and screening questions prior to being issued a badge.

The self-service kiosk requires each employee to provide an employee identification number to complete the screening (for interns/volunteers, this may be their phone number). This information is maintained in a secured system administered by the Human Resources Department. Information obtained may be used for contract tracing purposes. Only authorized users will have access to personal data gathered by the kiosks.

When the self-service kiosk is not available for use, due to connectivity issues, management should follow manual Health Screening procedures as noted below.

Kiosk Alerts

When an employee answers a question during screening that gives them an alert and does not provide a printed badge, employees must wait at the Kiosk for the authorized Human Resource's Personnel to contact them directly to assess their answers. At no point should an employee proceed into any of the agency's buildings until cleared by Human Resources. Failure to follow this requirement may result in disciplinary review.

Participant Health Screenings

Participants will follow department/program guidelines for manual screenings. Health screening will not include temperature readings.

Managers or assigned employees will screen their participants. Screeners are responsible for following their department/program guidelines. Programs are responsible for establishing their own protocol for daily on-site health screenings, or health screenings prior to conducting home-based work, for participants in their own programs.

Deliveries, Pick Ups, and Drop Offs for all locations

Visits less than 15 minutes

From time-to-time departments/programs may have regular deliveries, pick-ups, and drop-offs, that are considered visits for less than 15 minutes. These types of interactions would not require masking and screening. Examples include, but are not limited to the following areas:

- Food service deliveries through side door
- SAP parents picking up their children (parents can come inside and wait at bottom of stairs)
- ELA parents picking up their children (parents can come inside and wait near the receptionist, at the top of the stairs)
- AWC caregivers picking up can come inside and wait in lobby
- Donation deliveries can come inside and wait in lobby

Visits more than 15 minutes (Guests)

Individuals will be required to adhere to the same screening as other participants and guests by seeing the receptionist between 7AM and 3PM, or waiting in lobby to be screened by the appropriate department/program representative after 3PM.

Health screening will not include temperature readings. After completing the screening, the receptionist will then contact the appropriate department/program to meet their guest in the lobby. If the receptionist is not available, the doorman will contact the appropriate department/program who is responsible for completing the screening.

Screening Privacy and Confidentiality

Private information is not shared with any third party at any time. Any potential breach of information will be reported immediately using Casa Central's internal incident reporting process. Individuals refusing to provide the necessary information to be cleared to enter any of the agency's buildings may be turned away and not allowed to enter any of the buildings.

6 - Vaccination

Vaccination requirements

All agency employees are required to be fully vaccinated against COVID-19 as a condition of employment unless they have received a medical or religious exemption. Any intern or volunteer conducting on-site work is also required to be fully vaccinated against COVID-19 (please see the Volunteers Who Provide Direct Service policy for additional details).

New Hires	<p><u>Approve vaccination policy in UKG</u></p> <p><u>Submit proof of vaccination</u></p> <p>OR</p> <p><u>Submit</u> accommodation forms to the Human Resources department to begin the review and approval process AND <u>adhere</u> to weekly permanent COVID-19 testing as a condition of employment if exemption is approved</p>	<p>Upon Onboarding</p> <p>Prior to 1st day of employment</p> <p>Upon job offer (notify of intention to request exemption)</p> <p>Ongoing</p>
<p>Note: Fully vaccinated is defined as two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine or two weeks after receiving a single dose of a single dose vaccine against COVID-19 by your corresponding mandatory deadline as outlined above.</p>		

Submitting Proof of Vaccination and Booster Status

All vaccinated employees are required to provide proof of COVID-19 vaccination, regardless of where they received said vaccination. Proof of vaccination and booster status can be submitted to Human Resources via email at hr@casacentral.org. Only digital copies will be accepted.

Acceptable proof of vaccination status:

1. The record of immunization from a health care provider or pharmacy;
2. A copy of the COVID-19 Vaccination Record Card;
3. A copy of medical records documenting the vaccination;
4. A copy of immunization records from a public health, state, or tribal immunization information system; or
5. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s).

Proof of vaccination generally should include the employee's name, the type of vaccine administered, the date(s) of administration, and the name of the health care professional(s) or clinic site(s) that administered the vaccine. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances the agency will still accept the state immunization record as acceptable proof of vaccination.

Employees that incur any cost for receiving a vaccination may receive reimbursement (i.e. mileage or parking) in accordance with agency policies. Employees will be required to submit both their vaccination card and receipt of payment to Human Resources to be issued a reimbursement.

Employees who have any questions on acceptable proof of vaccinations should contact Human Resources at 773-645-2328 or at hr@casacentral.org.

Paid Time Off for Vaccinations

An employee may take up to four hours of paid time-off per dose to travel to the vaccination site, receive a vaccination, and return to work. This would mean a maximum of eight hours of work time for employees receiving two doses. If an employee spends less time getting the vaccine, only the necessary amount of work time will be granted. Employees who take longer than four hours to get the vaccine must send their supervisor an email documenting the reason for the additional time (e.g., they needed to travel long distances to get the vaccine). Any additional time requested will be granted, if reasonable, but will not be paid; in that situation, the employee can elect to use their accrual paid time off, e.g., sick leave, to cover the additional time. If an employee is vaccinated outside of their approved work time they will not be compensated. All employees are encouraged to work with their managers when seeking a vaccination during work hours to minimize disruption to operations.

Employees may use available sick leave immediately following each dose if they have side effects from the COVID-19 vaccination that prevent them from working. All employees who have no available accruals will take unpaid time off.

Post-Vaccination Guidelines

The CDC has published guidelines that outline possible side effects post-vaccination, which may include symptoms such as pain in your arm, redness, swelling and other symptoms throughout your body that are similar to COVID-19. The CDC outlines these additional symptoms as tiredness, headache, muscle pain, chills, fever and nausea. Employees should consult with their primary physician if symptoms persist past a few days following vaccination or arm redness/tenderness persist after 24 hours per CDC guidelines. Employees are asked to refrain from coming on site if they are not feeling well enough to work and/or are experiencing a fever. Where possible, employees should speak to their managers to evaluate remote work options during these types of situations.

Employees with fever and/or symptoms that persist past the 24 hours per CDC guidelines will be managed on a case-by-case basis by their manager to determine return to work eligibility.

For more information on post vaccination guidelines please visit www.cdc.gov.

Requesting a Medical or Religious Exemption

Submitting a Request

Employees seeking an exemption under this policy due to a medical reason or because of a sincerely held religious belief must submit a completed Request for Accommodation form to the Human Resources Department to begin the interactive

accommodation process as soon as possible following the implementation of this policy. Forms are found in Appendix B.

Submitting a Request for Exemption form is not a guarantee of approval. Each request will be reviewed with legal counsel. Properly submitted accommodations will be granted where they do not cause Casa Central undue hardship or pose a direct threat to the health and safety of others.

Approved Exemptions and Testing Requirements

Employees with approved exemptions will be required to adhere to weekly COVID-19 testing at the expense of the employee. The agency will provide resources to assist an employee in seeking this weekly testing. For a resource of locations to obtain COVID-19 testing, please visit the IDPH website at <http://dph.illinois.gov/COVID19/COVID-19-testing-sites>

Employees must provide test results to Human Resources for tracking purposes and prior to returning to work.

Denied Exemptions

Employees who do not qualify for an exemption for medical reasons or based on their religious belief as outlined by federal, state, and/or local authorities will be notified of the denial by Human Resources. Employees whose request is denied will be required to adhere to the vaccination policy or be subject to further disciplinary action up to and including termination of employment.

APPENDIX A

Covid-19 Exclusion & Return to Work/Program Guidance

Please note that this decision tree reflects general guidance; the agency may deviate from this based on circumstances, including advice from public health officials.

IMMEDIATELY send home (or require to stay at home) if **ANY** of the following symptoms are present: fever, cough, diarrhea/GI, headache, muscle ache, chills, sore throat, vomiting, abdominal pain, nasal congestion, loss of sense of smell, loss of sense of taste, malaise, fatigue, shortness of breath or difficulty/trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face or any other symptoms.

Casa Central requires completing the Kiosk Health Screening procedures before entering Casa Central's buildings, and the Kiosk Health Screening will still be managed by Human Resources.

Managers must understand and ensure the following when the employee has been exposed, test positive for COVID-19 or symptomatic:

- Self-Testing (at-home/rapid) is an acceptable form of COVID-19 test.
- Employees can submit test results to their immediate manager via their supervisor's Teams Chat.
- Home Care Supervisors can request for Aides to submit test results directly to them via Medsys.
- No other storing of test results will be necessary. Test results must not be shared.
- Follow return to work instructions based on CDC Isolation and Exposure Calculator.
- Managers must file an incident report if the employee has been exposed to COVID-19 in the workplace and/or tested positive, within 24 hours.
- If/when needed, program/department managers can consult with Human Resources department on cases.

	Exposed or COVID-19 diagnostic test POSITIVE	Suspected to have COVID-19 symptoms (w/ no known exposures)
Please refer to the Isolation and Exposure Calculator		
Procedures	<p>Take a COVID-19 test and:</p> <ul style="list-style-type: none"> • Due to the type of symptoms, you must refer to the CDC Isolation and Exposure Calculator for further instructions on isolation, testing, and masking requirements. <p>*You can still develop COVID-19 up to 10 days after you have been exposed, therefore take precautions.</p> <p><u>*Exposure in the same households:</u> Further consultation will be required to determine when a return to work is possible. Employees must remain in communication with their immediate manager while remaining out of work.</p>	<p>If on-site, send employee home immediately.</p> <p>Take a COVID-19 test immediately and:</p> <ul style="list-style-type: none"> • Isolate if you are sick and suspect that you have COVID-19 but do not yet have test results. If your results are positive, refer to the Isolation and Exposure Calculator. If your results are negative, you can end your isolation. • Employees must report that symptoms have improved with no fever for 24 hours. • Wear a mask at work until symptoms have fully resolved. • Employee is encouraged to seek doctor advice if symptoms do not improve. • Employees should not come to work if they are sick. • Employees who result in a positive COVID-19 test, should refer to next steps as indicated under Exposed or COVID-19 Diagnostic Test Positive. <p>*If an employee results in a positive COVID-19 case, managers will need to run the case through the Isolation and Exposure Calculator once again and follow new guidelines. Managers can seek further consultation as needed (Refer to column one for more information).</p>

<p>Contact Tracing</p>	<ul style="list-style-type: none"> • If an employee has tested positive, managers will need to determine exposure to other employees/participants 48 hours from the onset of symptoms. • Employees that are found to be exposed, must be evaluated through the CDC Isolation and Exposure Calculator. Managers can seek further consultation as needed. 	
<p>Return to Work Calculation</p>	<p>*Day 0 is the day of your last exposure to someone with COVID-19, while day 1 is the first full day after your last exposure.</p> <p>*CDC calculator will indicate when to end isolation to determine your return to work day.</p>	



APPENDIX B

Request Form for Accommodation: Medical Exemption from Vaccination

Casa Central is committed to complying with all laws protecting employees' rights including those afforded under the Americans with Disabilities Act, Title VII, and other federal, state and local non-discriminatory laws. When requested, Casa Central will provide a reasonable accommodation for employees who fall within the parameters of these laws and regulations, provided the requested accommodation is reasonable and does not create an undue hardship for Casa Central or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee. To request an accommodation, please complete this form and return it to Human Resources. This information will be used by the appropriate personnel to engage in an interactive process to determine eligibility for, and to identify, possible accommodation(s). If you refuse to provide such information, such a refusal may impact Casa Central's ability to adequately understand your request or effectively engage in the interactive process to identify possible accommodations.

To request an exemption from the COVID-19 vaccination, please complete the request form and attach a completed medical certification from your medical provider before returning this form to the Human Resources department.

Section 1: To be completed by Employee

Name (print):	Date:
Dept.:	Position:
Supervisor:	Work/Cell Phone:

Verification and Accuracy:

I verify that the information I am submitting to substantiate my request for exemption from Casa Central's COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination and denial of the requested accommodation. I further understand that Casa Central is not required to provide this exemption accommodation if doing so would pose a direct threat to others or myself in the workplace or would create an undue hardship for Casa Central.

Print: _____	Date:
Employee Signature: _____	

Casa Central reserves the right to re-evaluate your requested accommodation in accordance with local, state and federal laws and based on business needs.



Request Form for Accommodation: Medical Exemption from Vaccination

Section 2: To be completed by Human Resources Representative:

Date this Request Form Received in Human Resources: _____

Interactive Discussion Date(s) if applicable:

Accommodation granted? _____ Yes _____ No

Describe Accommodation:

If Accommodation granted, list required alternative safety precautions required:

If Accommodation not granted, explain why:

Name of HR Representative: _____

Signature of HR Representative: _____

Date: _____



Appendix-Medical Certification Form for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

In adherence with state, federal, funder, and agency mandates as it relates to the ongoing COVID-19 public health emergency employees defined under the orders are to be vaccinated against COVID-19 as a condition of employment. Casa Central requires employees to notify Casa Central they are not seeking vaccination due to a medical condition, to submit a medical certification. The individual named above is seeking an exemption for a COVID-19 vaccination.

Please complete this form to assist Casa Central in the reasonable accommodation process.

<p>The person named above should not receive the COVID-19 vaccine due to:</p> <p><i>(Please attach additional information if necessary.)</i></p>
<p>This exemption should be:</p> <ol style="list-style-type: none">1. Temporary, expiring on: __/__/ , or when 2. Permanent <p>(Subject to periodic Employer recertification and/or review as allowed by law)</p>

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:



Request Form for Accommodation: Religious Exemption from Vaccination

Casa Central is committed to complying with all laws protecting employees' rights including those afforded under the Americans with Disabilities Act, Title VII, and other federal, state and local non-discriminatory laws. When requested, Casa Central will provide a reasonable accommodation for employees who fall within the parameters of these laws and regulations, provided the requested accommodation is reasonable and does not create an undue hardship for Casa Central or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee. To request an accommodation, please complete this form and return it to Human Resources. This information will be used by the appropriate personnel to engage in an interactive process to determine eligibility for, and to identify, possible accommodation(s). If you refuse to provide such information, such a refusal may impact Casa Central's ability to adequately understand your request or effectively engage in the interactive process to identify possible accommodations.

To request an exemption from the COVID-19 vaccination, please complete the request form and attached a completed religious representative Appendix before returning this form to the Human Resources department.

Section 1-To be completed by Employee

Name (print):	Date of Request:
Dept.:	Position:
Supervisor:	Work/Cell Phone:

Please explain below why you are requesting an accommodation: In some cases, the Casa Central 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 exemption.

Please explain your request for your Religious Accommodation?



Request Form for Accommodation: Religious Exemption from Vaccination

Section 2: Employee Acknowledgement

My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I further understand that: (a) my employer is not required to provide this accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the employer, (b) the accommodation requested above may not be granted but the employer will attempt to provide a reasonable accommodation that does not create an undue hardship, and (c) my employer is seeking obtain supporting documentation and approval regarding my religious practice and beliefs to further evaluate my request for a religious accommodation and (d) My request is not complete until a authorized member of my congregation agrees and signs this document to support by request for religious exemption.

Verification and Accuracy:

I verify that the information I am submitting to substantiate my request for exemption from Casa Central COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination and denial of the accommodation request.

I further understand that Casa Central is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Casa Central.

Employee Signature:	Date:
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Casa Central reserves the right to re-evaluate your requested accommodation in accordance with local, state and federal laws and based on business needs.



Request Form for Accommodation: Religious Exemption from Vaccination

Section 2: To be completed by Human Resources Representative:

Date this Request Form Received in Human Resources: _____

Interactive Discussion Date(s) if applicable:

Accommodation granted? _____ Yes _____ No

Describe Accommodation:

If Accommodation granted, list required alternative safety precautions required:

If Accommodation not granted, explain why:

Name of HR Representative: _____

Signature of HR Representative: _____

Date: _____



APPENDIX: Religious Accommodation Request Form To be completed by Religious Representative

Employee Name: _____

Dear Religious Representative,

In adherence with state, federal, funder, and agency mandates as it relates to the ongoing COVID-19 public health emergency employees defined under the orders are to be vaccinated against COVID-19 as a condition of employment. Casa Central requires employees to notify Casa Central if they are not seeking vaccination due to a religious belief, to submit responses to the following questions. The individual named above is seeking an exemption for seeking a COVID-19 vaccination.

Please review and complete this form to assist Casa Central in the reasonable accommodation process.

Section 1: To be completed by Religious Representative

Describe the religious belief or practice that necessitates this request for accommodation:

Length of time the accommodation is needed: _____



APPENDIX: Religious Accommodation Request Form

To be completed by Religious Representative

Section 2: Religious Acknowledgement

By signing below, I certify the above information to be true and accurate, and support the request for the religious exemption from the COVID-19 vaccination for the above-named individual.

Authorized Congregation Representative Name (print):	
Authorized Congregation Representative Title:	
Authorized Congregation Representative Signature:	Date:
Congregation Information Name & Address:	Provider Phone: