



COVID-19 VACCINATION POLICY

Purpose

In accordance with the duty of the Minnesota Council of Nonprofits (MCN) to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families; our customers and visitors; and the community at large from COVID-19. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable.

Scope

As a condition of employment, all employees (categories of employees are outlined in our personnel handbook) are required to receive vaccinations for COVID-19, unless a reasonable accommodation is approved. Alternatively, employees may submit a weekly negative COVID test to the HR department. The mandate will be effective January 1, 2022 regardless of whether MCN staff is working remotely or has returned to the office.

Procedures

Employees may receive any [vaccine approved for use in the US by the FDA](#). Employees can use the [state vaccine connector](#) for help in finding the vaccine on their own.

The federal government is providing the vaccine free of charge to all people living in the United States, regardless of their immigration or health insurance status. However, providers may seek reimbursement from the recipient's insurance plan for a vaccine administration fee. Employees on MCN's health insurance plan may present their insurance cards to providers. Those not on MCN's health plan will need to present insurance cards from their own plans to providers.

All employees may request up to eight hours per shot, outside of regular paid sick and safe time, to receive vaccinations and for recovery period. Please contact the HR department when you have scheduled an appointment, or if you need additional time per shot. Before returning to the office or any function that necessitates proximity to MCN staff or guests, employees will be required to provide either proof of vaccination or a weekly negative COVID test.

Reasonable Accommodation

Employees in need of an exemption from this policy due to a medical reason, because of a sincerely held religious belief, or from communities that have been traumatized by historical events around vaccines

must submit either a completed Medical Exemption or the Personal Accommodation Request form to the human resources department to begin the interactive accommodation process as soon as possible after vaccination deadlines have been announced. **Accommodations will be granted where they do not pose a direct threat to the health and safety of others or cause MCN undue hardship.**

Please direct any questions regarding this policy to the human resources department.

Request for Accommodation: Medical Exemption from Vaccination

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the human resources department.

Section 1

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

I am requesting a medical exemption from Minnesota Council of Nonprofits (MCN)'s mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from MCN's 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.

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

Employee Signature:	Date:
---------------------	-------

Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

The Minnesota Council of Nonprofits (MCN) requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

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

The person named above should not receive the COVID-19 vaccine due to:
This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____ <input type="checkbox"/> Permanent

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:

HR USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:

Personal Accommodation Request Form

To be completed by employee

Name: _____ Department: _____

Date of request: _____

Requested accommodation (e.g., vaccination exemption):

Length of time the accommodation is needed: _____

Please briefly describe the religious belief, practice, or personal circumstance that necessitates this request for accommodation:

Describe any alternate accommodations that might address your needs:

I have read and understand Minnesota Council of Nonprofits (MCN)'s policy on personal accommodation for mandatory COVID-19 vaccination. I have sincerely held religious beliefs or I have been traumatized by historical events around vaccines, which result in this request for a personal accommodation.

I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not pose a direct threat to myself or others in the workplace nor an undue hardship on the company. I understand that MCN may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a personal accommodation.

I understand that MCN may require weekly proof of a negative COVID test before I am allowed to return to the office or to any function that places me in proximity to other MCN staff or guests.

Employee signature: _____ Date: _____

Additional Resources

- MCN COVID-19 vaccination and PTO policy
- Federal vaccine mandates & CDC guidance
- MDH guidance/information
- Transportation/accessibility information
- Historical information on medical/government trauma on communities that are often marginalized
- Community resources