**COVID-19 Vaccination Policy: Voluntary**

[Insert new policy effective date here]

In accordance with [Employer name]’s duty 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 infectious diseases, such as COVID-19 or influenza, that may be reduced by vaccinations. This policy complies with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and state and local health authorities, as applicable.

**Scope**

All employees are encouraged to receive vaccinations as determined by [*insert employer name*].

**Procedures**

[Employer name] will provide either onsite access to the COVID-19 vaccine(s) or a list of locations to assist employees in receiving vaccines on their own.

All employees will be paid for time taken to receive vaccinations. For offsite vaccinations, employees are to work with their employer or manager to schedule appropriate time to comply with this policy. In order to receive compensation for the time taken to receive vaccinations, employees should provide proof of vaccination before the stated deadlines to be vaccinated have expired.

Please note that even with proof of vaccination, employees will be required to continue following existing COVID-19 prevention infection control policies and precautions until further notice.

Please direct any questions regarding this policy to [employer or representative].

On [insert date here], I acknowledge that I have received the following [new] policy for the [Practice/employer name here]’s employee manual.

**My signature below indicates that I have read and understand the above-mentioned statements and I understand that it is my responsibility to read and comply with this policy. I further understand that I should consult [Insert practice contact name here] regarding any questions raised by this policy and not answered in the employee manual.**

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| --- | --- |
| Employee name (printed): |  |
| Employee signature: |  |
| Date: |  |