



## PERSONNEL MEMORANDA

**Subject:** Mandatory COVID-19 Vaccination Policy

**Number:** COVID-02

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**Date:** August 26, 2021

**Approved:**

Andrew Odell, COVID Program Manager

### I. PURPOSE

W. M. Keck Observatory's (WMKO) expectation is that all employees share responsibility in preventing the spread of infection to our staff and the community. We will prevent the spread of infection by taking reasonable precautions to reduce the transmission of vaccine-preventable diseases as outlined in the procedures below. This policy is intended to comply with all federal, state, and local laws. It is based upon guidance provided by the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), and state and county health officials.

### II. POLICY

WMKO is implementing a mandatory COVID-19 vaccination policy for all employees. WMKO has a duty to maintain a healthy and safe workplace. As a good corporate citizen, it is important for WMKO to safeguard the health and wellbeing of our staff, families, visitors, and the community at large from COVID-19 through vaccination(s).

All employees must either show proof of vaccination or obtain an approved medical (in accordance with the Americans with Disabilities Act) or religious (in accordance with Title VII of The Civil Rights Act of 1964) exemption as an accommodation (please reference below) by the time frame set forth in this policy.

### III. PROCEDURES

- A. All WMKO employees are required to be fully vaccinated with a COVID-19 vaccination<sup>1</sup>.
- B. Employees who are not yet vaccinated at the implementation of this policy will have from the effective date of this policy to **September 15, 2021** (the Vaccination Deadline) to:
  1. Provide proof that he/she received at least one dose of the Pfizer-BioNTech (Pfizer) or Moderna COVID-19 vaccine and have scheduled the second dose; or
  2. Provide proof that they have been fully vaccinated; or

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<sup>1</sup> Acceptable COVID-19 vaccinations include vaccinations that are fully or conditionally approved by either the CDC or World Health Organization (WHO).

3. Acquired an APPROVED medical or religious exemption as an accommodation pursuant to the federal Americans with Disabilities Act or Civil Rights Act, or Hawaii's Fair Employment Practices Act.
  4. Unless an exemption is approved, all employees will need to be fully vaccinated<sup>2</sup> by October 31, 2021.
- C. Failure to comply with these procedures will result in the employee's employment status being changed to unpaid Leave of Absence (ULOA) for 30-days after the Vaccination Deadline. Employees placed on ULOA shall not come on site or perform WMKO work during the ULOA period. At the end of the 30-day period, if the employee has not been fully vaccinated, the employee will be considered to have voluntarily resigned from their WMKO employment.
- D. New hires must be fully vaccinated before starting work at WMKO.
- E. WMKO can assist employees with scheduling the vaccine at a location of their choice. Alternatively, employees may schedule the vaccine on their own at [www.vaccine.gov](http://www.vaccine.gov).
- F. Reasonable Accommodations may be requested for employees who have APPROVED exemptions.
1. Employees who request an exemption must file a request with Human Resources using the appropriate "Request for Accommodation" form by September 7, 2021.
    - a. All requests will be kept confidential.
    - b. Each request will be reviewed for approval. The requesting employee will be notified of the status of their request within 5-business days (if additional review must be done by medical or legal counsel, the employee will be notified of an extended review period).
    - c. Incomplete requests will be returned to the employee and must be resubmitted by the deadline to be considered.
  2. MEDICAL EXEMPTIONS (in accordance with the Americans with Disabilities Act) from the Mandatory COVID-19 Vaccination Policy will be considered should the employee provide written documentation by the following:
    - a. Licensed, treating medical provider
    - b. Nurse Practitioner (NP)
    - c. Physician's Assistant (PA)

And must provide the following explanation:

- CDC contraindications for the COVID-19 vaccine; or
- Applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine

AND

- A statement that the physical condition of the employee or medical circumstances relating to the employee are such that immunization is not considered safe. The statement should indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Medical exemptions may be granted where they do not cause WMKO undue hardship

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<sup>2</sup> In general, people are considered fully vaccinated 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine (National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases, August 19, 2021).

or pose a direct threat to the health and/or safety of the employee or others in the workplace and provided the individual is otherwise qualified to perform the essential functions of the job as documented in Part 3 of the "Request for Accommodation".

3. RELIGIOUS EXEMPTIONS (in accordance with Title VII of The Civil Rights Act of 1964). WMKO is committed to comply with all laws protecting employee's sincerely held religious beliefs and practices. WMKO may provide a reasonable accommodation/exemption to the Mandatory COVID-19 Vaccination Policy for an employee's sincerely held religious beliefs or practices, which prohibit the employee from receiving the COVID-19 vaccine, provided the requested exemption is reasonable and does not create an undue hardship for WMKO or pose a direct threat to the health and/or safety of the employee or others in the workplace, and provided the employee is otherwise qualified to perform the essential functions of the job as documented in Part 3 of the "Request for Accommodation".

Exemptions/Accommodations from the Mandatory COVID-19 Vaccination Policy for religious beliefs will only be considered if the employee provides the following written documentation to the Human Resources Department:

- Description of the religious belief or practice that necessitates the request for exemption;  
AND
  - Describe any alternate accommodations that might address your needs;  
AND
  - Attest and sign the request that the religious beliefs and practices are sincerely held and provide a written confirmation from the employee's religious leader stating the following:
    - Confirmation that the religious practice listed does not support use of vaccines
    - Confirmation that the employee is an active member of the congregation
4. Reasonable accommodation for approved medical or religious exemptions may require staff comply with the following:
    - a. To wear an N95 particulate respirator in accordance with the [WMKO Respiratory Protection Program](#) and [WMKO Social Distancing Rules](#).
    - b. Weekly COVID-19 testing

These prevention procedures will remain requirements for unvaccinated employees until the employee is fully vaccinated or the level of community spread is no longer of concern for WMKO.

WMKO Human Resources Department may make exceptions to this policy as necessary.

Please direct any questions regarding this policy to the Human Resources Department.

# Request for Accommodation: Medical Exemption from Vaccination

## Part 1

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

I am requesting a medical exemption from W. M. Keck Observatory's (WMKO) mandatory vaccination policy for the COVID-19 vaccination.

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

Employee Signature:	Date:
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**Part 2**

**Medical Certification for Vaccination Exemption**

Employee Name: \_\_\_\_\_

Dear Medical Provider,

W. M. Keck Observatory 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 WMKO in the reasonable accommodation process.

**The person named above should not receive the COVID-19 vaccine due to:**

**This exemption should be:**

\_\_\_\_\_ Temporary, expiring on: \_\_/\_\_/\_\_\_\_\_, or when \_\_\_\_\_.

\_\_\_\_\_ 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:

**Part 3: To be completed by the employee's immediate supervisor**

Describe the requested accommodation:

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Evaluation of impact (if any): \_\_\_\_\_

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Would the requested accommodation pose a direct threat to the employee or others in the workplace? If so, explain: \_\_\_\_\_

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, provide an explanation:

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Immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human resources director: \_\_\_\_\_ Date: \_\_\_\_\_

**HR USE ONLY**

Date of initial request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date certification received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Accommodation request: \_\_\_\_\_

- Approved \_ / \_\_\_\_ / \_\_\_\_ Describe specific accommodation details:

\_\_\_\_\_  
\_\_\_\_\_

- Denied \_ / \_ / \_\_\_\_ Describe why accommodation is denied:

\_\_\_\_\_  
\_\_\_\_\_

# Request for Accommodation: Religious Exemption from Vaccination

I am requesting a religious exemption from W. M. Keck Observatory's (WMKO) mandatory vaccination policy for the COVID-19 vaccination.

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

Employee Signature:	Date:
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**Part 1: To be completed by employee**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of request: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

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Length of time the accommodation is needed: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for accommodation and identify the religious leader who can assist with discussion of an accommodation:

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Describe any alternate accommodations that might address your needs:

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I have read and understand WMKO's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. 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 create an undue hardship on the company. I understand that WMKO may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: To be completed by the employee's immediate supervisor**

Describe the requested accommodation:

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Evaluation of impact (if any): \_\_\_\_\_

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Would the requested accommodation pose a direct threat to the employee or others in the workplace? If so, explain: \_\_\_\_\_

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, provide an explanation:

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Immediate supervisor: \_\_\_\_\_ Date: \_\_

Manager of immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human resources director: \_\_\_\_\_ Date: \_\_\_\_\_

**HR USE ONLY**

Date of initial request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date certification received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Accommodation request: \_\_\_\_\_

- Approved \_\_ / \_\_\_\_ / \_\_\_\_ Describe specific accommodation details:

\_\_\_\_\_  
\_\_\_\_\_

- Denied \_ / \_ / \_\_\_\_\_ Describe why accommodation is denied:

\_\_\_\_\_  
\_\_\_\_\_