



## COVID-19 Vaccination Policy

Effective October 31, 2021

### Purpose

To safeguard the health of our Employees, Students, Visitors, Affiliated Groups and the Community at Large from infectious diseases, such as COVID-19, Palos Verdes Art Center, Beverly G. Alpay Center for Arts Education ("PVAC") has adopted this vaccination policy. This policy complies with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention, the California Department of Public Health, the Los Angeles Health Department and all applicable state and local health orders.

### Scope

**This policy applies to all Employees, Trustees, Students, Affiliated Groups, Customers and Visitors who interact with the Art Center in any way and for any purpose ("Individuals"). All the above Individuals are required to be fully vaccinated for COVID-19, except Employees who receive an exemption approved by PVAC.**

### General Provisions

Individuals will be asked by PVAC to affirm their vaccination status prior to entering PVAC or before participating in any PVAC activity. Proof of COVID-19 vaccination shall be original, official documentation that includes the date the Individual received the vaccination(s) and the type of vaccine received, plus a photo I.D. Individuals may choose to get any of the COVID-19 vaccines approved in California at the time of their vaccination.

As of the date of this policy, the available vaccines in California are Pfizer, Moderna and Johnson & Johnson. "Fully vaccinated" means at least two weeks have passed since the Individual received the final dose of vaccination as per the vaccine manufacturer's guidance.

**All Employees, including Volunteer Staff and Independent Contractors, must be fully vaccinated and provide acceptable proof of vaccination to PVAC no later than December 31, 2021, except an Employee who receives an exemption approved by PVAC prior to that date.**

Employees will be compensated for time taken off work to receive the required vaccinations and for the cost of the vaccine(s) if not covered by Employee's insurance. Employees must work with their Supervisor(s) to schedule appropriate time to comply with this policy.

Employees who have received an exemption in compliance with this policy will be required to wear at all times approved personal protective equipment ("PPE"), such as an approved surgical mask, submit proof of weekly COVID-19 testing and comply with any other governmental required safety protocols.

Employees who are not yet fully vaccinated must also observe all other infection control requirements, including masking, and are not exempted from the testing requirement, since they are still able to spread illness. Previous history of COVID-19 infection from which the individual recovered more than 90 days earlier or a previous positive antibody test for COVID-19 **do not** waive this weekly testing requirement.

### **Exemptions**

Employees in need of an exemption from this policy due to **a medical reason** or because of **a sincerely held religious belief** must submit affirmation of this policy, as well as a completed Request for Exemption form to their direct supervisor to begin the interactive accommodation process no later than ten (10) days after the policy implementation date. Exemptions for Employees shall be granted where they do not cause PVAC any undue hardship or pose a direct threat to the health and safety of others.

Requests for an exemption/accommodation can be made to PVAC without fear of retaliation as this policy prohibits retaliation against any Employee who makes a request for exemption in good faith.

Individuals may direct any questions regarding this policy to PVAC's CEO/Executive Director.

### **Vaccination Deadline**

Employees have until **December 31, 2021** to comply with this policy by submitting a signed copy of this policy and providing PVAC proof that they are fully vaccinated or by receiving an approved exemption from PVAC. **Employees not in compliance with this policy are subject to disciplinary action, up to and including termination.**

**My signature below indicates that I have read and understand the above statements and I understand that it is my responsibility to read and comply with this policy.**

Employee name (printed):

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Employee signature:

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Date:

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