**Mask/Face Covering Requirement**

We all have a responsibility to help reduce the spread of COVID-19 and keep ourselves, our co-workers and others safe. [Company Name] strongly encourages you to obtain a COVID-19 vaccination, though the decision of whether to be vaccinated and/or which vaccine to receive is one you should make in consultation with your medical provider after reviewing all available information.

**Mask/Face Covering:**

While the [Company Common Name] will continue to review and evaluate safety protocols as needed, at this time, the [Company Common Name] will maintain a requirement for employees to wear a mask/face covering when working at a [Company Common Name] location or performing work on behalf of the [Company Common Name], regardless of vaccination status.     
  
The [Company Common Name] expects employees to respect each other’s personal decisions, including whether to be vaccinated.

**Accommodations:**

Employees who need an accommodation to comply with the [Company Common Name] ’s mask/face covering requirement should contact the [HR Contact Title].

**Continuing COVID-19 Protocols**:

Employees must continue to comply with the [Company Common Name]’s COVID-19 protocols, including social distancing and self-monitoring for COVID-19 symptoms. Any employee who experiences COVID-19 symptoms should not come to work, regardless of their vaccination status, and should seek treatment and/or advice from an appropriate healthcare provider. If any employee has any COVID-19 symptoms or has tested positive for COVID-19, the employee must contact the [HR Contact Title] and receive the [Company Common Name]’s permission before returning.  Employees who are not fully vaccinated\* must still quarantine if they have close contact with individuals who test positive or are diagnosed with COVID-19 in accordance with CDC and state guidelines and must contact the [HR Contact Title]. and receive the [Company Common Name]’s permission before returning. Employees who are fully vaccinated who have close contact with individuals who test positive or are diagnosed with COVID-19 should get tested 3-5 days after exposure, must wear a mask indoors for 14 days following exposure, and must contact [HR Contact Title]. and receive the [Company Common Name]’s permission before returning.

**Questions/concerns:**

Employees with any questions or concerns about this policy or the [Company Common Name]’s other COVID-19 protocols should contact the [HR Contact Title].

*\* Individuals are considered fully vaccinated for COVID-19 two weeks after they have received the second dose in a two-dose series (Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose vaccine (Johnson & Johnson [J&J]/Janssen).*

**Employee acknowledgment:**

By signing this document, I confirm that I have read and understand the above information. I agree that I will abide by this policy and continue to abide by the [Company Common Name]’s other COVID-19 protocols. I understand that I am employed at-will and this document does not alter or change that status. Further, I understand that failure to comply with this policy may result in disciplinary action, up to and including termination of employment.

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 Employee Signature Date