National Grid
COVID-19 Vaccination Policy Applicable to Represented Employees with NYC-based Duties and Responsibilities

Purpose & Overview:
In response to the ongoing global COVID-19 pandemic, the Mayor of the City of New York recently announced that the City would require COVID-19 vaccination for employees of private-sector employers working in NYC workplaces, effective December 27, 2021.

In furtherance of the Mayor’s announcement, the NYC Commissioner of Health and Mental Hygiene issued an Order (hereafter, the “Order”) which requires that employees who are onsite in NYC or interact with the public during the course of business show proof of having received at least one dose of a COVID-19 vaccine, effective December 27, 2021, unless the employee has filed a medical or religious accommodation request with their employer by that date.

Pursuant to the Order, employees who do not provide proof of one dose of a COVID-19 vaccine or file an accommodation request by December 27, 2021, must be excluded from the workplace unless and until the employee provides such proof or files an accommodation request.

To ensure the health and safety of our employees, their families, and members of our community as we return from the COVID-19 pandemic, and in compliance with the Commissioner’s Order, National Grid is implementing this policy, effective immediately. This policy is designed for use together with, and not as a substitute for, other measures National Grid is taking to prevent the transmission of COVID-19 in the workplace. This policy applies to all represented employees with NYC-specific duties and responsibilities with the exception of those represented employees in the DNY Contact Centers, AMO and related functions who are working remotely under a Work at Home Agreement with Local 101, TWU. The policy will remain in effect until further notice. National Grid reserves the right to modify this policy at any time.

COVID-19 Vaccination/Accommodation Request Submission Requirements and Deadlines:

1. On or before December 27, 2021, all NYC-based employees must provide the Company with acceptable proof of having been fully vaccinated against COVID-19, or of having received one dose of a single-dose COVID-19 vaccine, or of having received the first dose of a two-dose COVID-19 vaccine, or must submit to the Company a request for an exemption from the Order’s vaccination requirement as a form of medical or religious accommodation via email (to health_wellness@nationalgrid.com).

To submit acceptable proof of vaccination to the Company:

- Take a picture of your COVID-19 vaccination card and attach the image in an email to Health_Wellness@nationalgrid.com.
- Scan your COVID-19 vaccination card at a photocopier and attach the PDF image in an email to Health_Wellness@nationalgrid.com.
- New York residents may email a picture of your Excelsior pass to Health_Wellness@nationalgrid.com. You must also include the following information in the body of your email.
- The vaccine manufacturer (Pfizer, Moderna or Johnson & Johnson).
• The dates of both vaccinations for Pfizer or Moderna, or date of single vaccination for Johnson & Johnson.
• Your employee ID.

**Note:** If you have lost your proof of vaccination, it is recommended that you contact the vaccination provider site where you received your vaccine. The provider should be able to provide you with a new card or documentation. If the location where you received your COVID-19 vaccine is no longer operating, you should contact your state or local health department’s [immunization information system](https://www.cdc.gov/vaccines) for assistance.

Company forms and related information and instructions applicable to medical and religious accommodation exemption requests are attached to this policy, as **Appendix 1 and 2**, respectively.

2. Employees who have not submitted a request for a medical or religious accommodation or provided the Company with acceptable proof of having been fully vaccinated or received at least one dose of a COVID-19 vaccine by December 27, 2021 because they have not been able to schedule a timely appointment to get a vaccine dose, shall submit acceptable proof of having received at least one dose of a COVID-19 vaccine on or prior to January 14, 2022.

   Employees in the above circumstance will be permitted to continue to work in their roles up until the close of business on January 14, 2022, in order to allow a reasonable opportunity for said employees to make appointments for the first dose of a COVID-19 vaccine and to submit proof of the first dose to the Company.

   Similarly, for employees who are unable to secure the requisite records and information sufficient to submit a complete medical or religious accommodation request because of unavailability of medical appointments or availability of religious advisors by December 27, 2021, said employees shall submit said complete request by December 31, 2021.

3. Employees who do not provide the Company with acceptable proof of having received one dose of a COVID-19 vaccine by the close of business on January 14, 2022, will be deemed unfit for duty and will be placed on an unpaid leave up to and including January 31, 2022.

4. Employees who do not provide the Company with acceptable proof of one dose of a COVID-19 vaccine by the close of business on January 31, 2022, will be separated from employment with the Company as having failed to become fit for duty.

5. Employees who provide the Company with acceptable proof of having received one dose of a COVID-19 vaccine at any point during the above timeframes will have 45 days (from the date of the first dose) to provide acceptable proof of full vaccination, in the case of a two-dose series, and will be permitted to continue working during that period.

6. Employees who do not provide such acceptable proof within the 45-day period will be deemed unfit for duty and placed on unpaid leave for up to ten calendar days. Employees who do not submit acceptable proof of full vaccination within that additional ten-calendar day period will be separated from employment with the Company as unfit for duty.

7. Employees who have been granted an exemption from the Order’s vaccination requirement as a form of medical or religious accommodation will be required to test and submit proof of COVID-19
PCR testing and test results to the Company on a weekly basis starting January 17, 2022. Employees who are required to test weekly will be responsible to test on their own time.

a. For employees subject to weekly COVID-19 PCR testing, each week said employees must submit to testing on Friday, Saturday or Sunday of the current week (for the following week’s compliance requirement) and submit evidence of the weekly test electronically to Health_Wellness@nationalgrid.com at least one (1) hour prior to the start of their shift on the following Monday morning. *If employees do not receive the results of the COVID-19 PCR test prior to Monday morning, they must send an email to the above email address with the date, time and location of their PCR test.*

b. Only those employees who are approved for medical accommodations shall be eligible for reimbursement of reasonable COVID-19 test expenses in accordance with the Company’s ordinary and customary process for reimbursement.

8. An employee who is required to test weekly who fails or refuses to test and/or submit proof of testing and test results to the Company weekly will be subject to discipline for insubordination and issued a 10-working day unpaid suspension. An employee who is required to test weekly who fails or refuses to test and/or submit proof of testing and test results a second time will be separated from employment with the Company.

9. If an employee’s accommodation request is denied, and subject to the employee’s grievance arbitration rights under a collective bargaining agreement, if applicable, the employee will have two weeks to provide the Company with acceptable proof of one dose of a COVID-19 vaccine (and will be permitted to continue working during the two-week period).

a. If the employee does not provide acceptable proof of one dose within the two-week period, the employee will be placed on an unpaid leave for up to an additional two-week period.

b. If the employee does not provide the Company acceptable proof of one dose within the two-week period of unpaid leave, the employee will be separated from employment with the Company as having failed to become fit for duty.

c. An employee who provides the Company with acceptable proof of having received one dose of a COVID-19 vaccine during the above timeframe will have 45 days (from the date of the first dose) to provide acceptable proof of full vaccination, in the case of a two-dose series.

   i. Employees who do not provide such acceptable proof within the 45-day period will be deemed unfit for duty and placed on unpaid leave for up to ten calendar days.

   ii. Employees who do not submit acceptable proof of full vaccination within that additional ten-calendar day period will be separated from employment with the Company as unfit for duty.

**COVID-19 Vaccination/Weekly PCR Testing Resources (for employees with approved accommodations):**
• COVID-19 vaccines are currently free, regardless of whether you are on company-sponsored medical insurance plans, receive coverage from another health insurance provider, or if you don’t currently have medical coverage.

• COVID-19 vaccination sites in NYC can be found at: https://www.nyc.gov/vaccinefinder or by calling 877-VAX-4-NYC. For employees who live within the five boroughs, the City is also making at-home vaccination free and available; more information can be found by calling 877-VAX-4-NYC or visiting https://www.nyc.gov/homevaccine.

• Subject to reasonable advance notice to, and approval from, your line manager, employees obtaining the COVID-19 vaccine (either dose) can either start the workday four (4) hours late or end the workday four (4) hours early on the day they receive their first or second shot and will continue to be paid for that time, upon written confirmation of the vaccination dose/appointment.

• If acquiring the vaccination exceeds four (4) hours, or if an employee experiences any adverse reactions (tiredness, headache, muscle pain, chills, fever, and nausea) to the vaccination, then employees will be eligible to use paid sick leave or any incremental paid or unpaid leave mandated under state or local law.

• For those employees who are subject to weekly COVID-19 PCR testing due to the Company’s approval of their accommodation request, the City offers free COVID-19 testing at many locations across the five boroughs; resources and lists of locations can be found at: https://www1.nyc.gov/site/coronavirus/get-tested/covid-19-testing.page and https://www.nychealthandhospitals.org/test-and-trace/testing/
  
  • Long Island testing site databases can be found at: https://coronavirus.health.ny.gov/find-test-site-near-you; https://www.adelphi.edu/coronavirus/resources/testing-sites/
  

National Grid appreciates your support and understanding of the Company’s efforts to comply with the City’s Order and to create the safest work environment possible for our employees, their families, and those of our customers.
Appendix 1

COVID-19 Vaccine Medical Exemption Requests

We will review and consider all requests for a medical accommodation. Guidance for medical exemptions for vaccination can be obtained from the most recent recommendations available in the Centers for Disease Control Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm.

Please submit a signed letter from your medical provider by December 3, 2021, to allow the Company adequate time to process your request.

Please ensure the documentation includes:
- Medical provider name
- Medical provider address and phone number
- Complete contraindication information/diagnosis
- Date exemption ends

Additionally, please include your name, employee ID, and contact phone number, on all requests and return to Health_Wellness@nationalgrid.com.
Appendix 2

NATIONAL GRID
Religious Exemption Questionnaire
Request for Religious Exemption from COVID-19 Vaccine Orders

National Grid is committed to protecting its employees, customers and the public from the spread of the COVID-19 virus and, therefore, requires employees to follow certain safety precautions in the workplace and to be fully vaccinated where mandated.

National Grid also respects its employees’ sincerely held religious beliefs and will attempt to accommodate such beliefs in accordance with applicable federal, state and local human rights laws. A religious accommodation may be granted for sincerely held religious beliefs. Requests based solely on personal, political, or philosophical beliefs or preferences will not be granted.

To request a religious exemption, please complete this form and submit it via e-mail to health_wellness@nationalgrid.com. Submission of this form does not guarantee approval of a request. You may be asked to submit additional information in support of your request.

To Be Completed By Employee:

I am experiencing a conflict between a sincerely held religious belief, observance, or practice and a requirement related to getting a COVID-19 vaccination, and I request an accommodation in an effort to eliminate and/or minimize this conflict. The following information is provided in support of my request.

<table>
<thead>
<tr>
<th>Name (print):</th>
<th>Employee ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Department.:</td>
<td>Job Title:</td>
</tr>
<tr>
<td>Supervisor Name:</td>
<td>Is your work primarily on the field or office?</td>
</tr>
</tbody>
</table>
1. Describe the sincerely held religious belief, observance, or practice for which you seek an accommodation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Specifically describe the conflict between your religious belief, observance, or practice and the job requirement to get fully vaccinated from the COVID-19 virus:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Please state how long you have held the religious belief, observance or practice underlying your objection.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
4. Please state whether, as an adult, you have received any other vaccines (such as flu or tetanus vaccines) and, if so, what vaccines you most recently received and when, to the best of your recollection.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. If there are any other substances, such as foods, drinks, medicines, or products that you avoid or do not use because of your stated religious belief, observance or practice, please identify them.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Identify any accommodations that you feel could be taken to resolve the conflict you have described, while still allowing you to perform all essential functions and keep you, coworkers and others in the workplace equally safe. Please be as specific as possible:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. If the above accommodation cannot be granted, describe any alternative accommodations you feel would be equally effective at allowing you to observe your sincerely held religious beliefs, while at the same time allowing you to perform all essential functions of your job and keep all those in the workplace equally as safe as the rule or requirement for which you seek an exception:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
By signing below, I attest that my religious beliefs and practices, which are the basis for this request for a religious accommodation, are sincerely held. I understand that the Company will attempt to provide a reasonable accommodation that does not create an undue hardship on its business operations for sincerely held religious beliefs that conflict with vaccination requirements. I also understand that my preferred accommodation may not be granted if another equally effective accommodation is identified by the Company.

The information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment.

Print Employee Name ____________________________________________________________

Employee Signature ___________________________ Date ____________________________

Submit this Form and any supporting documentation you wish to be considered by the Company to Health_Wellness@nationalgrid.com

The deadline for submission of an exemption request in response to the Order of the Commissioner of Health of New York City is December 27, 2021.