[DATE]

*VIA U.S. MAIL &* [FAX and/or EMAIL]

[EMPLOYERS MAILING ADDRESS]

RE: Information Request, COVID-19 Vaccine

Dear [EMPLOYER HR NAME]:

Please be advised that the Union formally requests the following information:

1. What is the employers phased approach plan for COVID-19 Vaccination?
   1. Include which depts., shifts and job classifications will be in each planned phase
2. How will the employer determine who will receive the first available doses of COVID-19 vaccine safely and equitably?
3. Will employees have access to the vaccine on-site or at a vaccination clinic in the area?
4. Provide the Union with all communication sent to employees regarding the COVID-19 Vaccine.
   1. Copies of all training and education materials used to help employees make an informed decision to vaccinate including all culturally and linguistically appropriate materials.
5. What is the employer’s emergency plan in the event there is an adverse side effect from receiving the COVID-19 vaccination?
   1. What is the employers leave and pay policy if an employee experiences adverse side effects from receiving the COVID-19 vaccine? Provide a copy of this policy.
6. Is the employer developing a committee or resource center so that employees can ask questions or report any adverse side effects to?
7. Will all current infection prevention and control measures be followed including but not limited to wearing a mask, staying 6 feet away from others, limiting indoor capacity and cleaning?

We have requested this information to ensure the health and safety of our members are protected and better understand the employers COVID-19 Vaccine Plan.

Please provide this information via email no later than end of the business day \_\_\_\_\_\_\_\_\_\_ \_\_\_, 2021.

Sincerely,

[NAME], Union Representative

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[UNION]