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| <b>POLICY NAME</b>          | <b>California COVID-19 Vaccination Policy</b> |
| <b>POLICY REVISION DATE</b> | 12/23/2021                                    |
| <b>AUDIENCE</b>             | All Service King Teammates                    |

## 1. Introductory Information

### 1.1. Purpose

Vaccination against viruses and other diseases improves the health and wellness of teammates, reduces absences, decreases healthcare expenses, reduces doctor visits, and improves morale. In some situations, vaccination also allows individuals to unmask and not socially distance or quarantine after potential exposure. The Company takes seriously its responsibility and duty to provide teammates and visitors with an environment free of recognized and preventable/mitigable hazards, including COVID-19 and other viruses and infections.

The purpose of this policy is to help provide for a safe work environment during the COVID-19 pandemic and safeguard the health and safety of teammates and visitors. This policy is intended to maximize vaccination rates against COVID 19 among Company personnel, especially those whose work requires their presence in settings involving direct interaction with others or business travel. The goal is to protect—to the greatest extent possible—our teammates and visitors, their families, and the broader community from COVID-19 as we all do our part in the fight against the worldwide pandemic.

This policy is intended to comply with all federal, state, and local laws and is based upon guidance provided by the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the Department of Health and Human Services, the Equal Employment Opportunity Commission, the California Occupational Safety and Health Administration (Cal/OSHA), the California Department of Fair Employment and Housing, and other public health and licensing authorities as applicable. However, this policy does not assume any legal duty not mandated by law.

Any questions regarding this policy and its requirements may be directed to COVID-19Response@ServiceKing.com.

### 1.2. Scope

The Company promotes vaccination for all teammates, and the provisions of this policy apply to all teammates subject to the accommodations and exemptions process detailed below. Where permitted by law and unless otherwise indicated below, this policy also applies to contractors and vendors with regular access and presence in the Company's facilities. The policy applies with respect to COVID-19 vaccinations that have been authorized for use by applicable regulatory authorities, including those vaccines that have received an Emergency Use Authorization from the U.S. Food and Drug Administration.

## 2. Policy

### 2.1 Policy Requirements

Vaccination status may be taken into account for the purposes of determining safety protocols a teammate must follow in the workplace, business travel restrictions, scheduling, locating teammates within a facility, job assignments and duties, and interactions with customers, guests, vendors, and other third parties. Depending on the current guidance and requirements from public health authorities and regulatory agencies at any given time, fully vaccinated teammates who have verified their vaccination status with the Company may have the benefit of relaxed safety protocols and business travel restrictions. Refer to [www.skbenefits.com](http://www.skbenefits.com) and select COVID-19 Information for the current safety protocols our teammates should follow.

Teammates who are not yet fully vaccinated must continue to follow all COVID-19 mitigation measures in effect, including wearing face coverings, maintaining physical distancing, quarantining after exposures, testing, and all other restrictions that may be imposed by the Company as recommended or required by applicable authorities. These additional protocols and restrictions may also result in remote working, transfer to a different position or



location, inability to participate in certain in-person group activities, or commencement of a leave of absence until vaccination is possible or the risk of contracting and spreading the virus ends.

Teammates must promptly notify their manager upon receiving a positive COVID-19 test or upon being diagnosed with COVID-19 by a licensed healthcare provider. Managers must then promptly notify Covid19-Response with details of teammate who has tested positive for COVID-19. Teammates who test positive or are diagnosed with COVID-19 will be subject to isolation in accordance with current CDC guidelines and company procedures.

Teammates who believe they may need an exemption or accommodation to this policy or to any of the COVID-19 mitigation measures that apply to vaccinated or unvaccinated teammates due to disability, pregnancy, or sincerely held religious beliefs and practices should request an accommodation as detailed below.

## **2.2. Medical and Religious Accommodation Requests**

Teammates who are unable to comply with applicable COVID-19 safety protocols due to a disability, pregnancy, a qualifying medical condition that contraindicates vaccination may request an accommodation or exemption. If required or allowed by law, the Company will engage in an interactive process to determine: (i) whether an accommodation should be granted; and (ii) if granted, whether the Company can provide a reasonable accommodation without imposing an undue hardship on the Company or creating a direct threat to the health or safety of the teammate or others in the workplace.

To request an accommodation for one of the above reasons, a teammate must complete a Medical Accommodation Request Form (available on [www.skbenefits.com](http://www.skbenefits.com)). Once the Company receives the accommodation request form, it will engage in an interactive process to identify potential accommodations on a case-by-case basis. Teammates must cooperate and participate in this interactive process honestly and in good faith, and teammates may be asked to provide additional information in support of the accommodation request. Even if a disability is established by a teammate, the request may be denied due the seriousness of the COVID-19 pandemic and the resulting undue hardship and/or direct threat posed by the lack of vaccination, or an alternative accommodation may be given that maximizes safety despite the teammate's inability to get vaccinated, depending on the circumstances. Similarly, even if a disability is established by a teammate, safety protocols and other restrictions or consequences, such as those described above, may still be imposed.

If the Company received medical and disability-related information during the interactive process to discuss an accommodation, then all information pertaining to the teammate's underlying medical conditions, as well as the accommodation process and discussions, will also be kept confidential to the greatest extent possible and in accordance with the Americans with Disabilities Act (ADA), the California Fair Employment and Housing Act, and any other applicable law or regulation.

## **2.3 Non-Discrimination / Non-Retaliation**

As stated in its other policies, the Company does not discriminate against its teammates or applicants with regard to race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability and genetic information (including family medical history), or any other characteristic protected by applicable federal, state, or local law. The Company also accommodates disabilities and sincerely held religious beliefs to the extent required by law and prohibits retaliation for any conduct protected by applicable law. Although an accommodation request may be denied (or an alternative, modified accommodation will be offered) if it poses an undue burden on the Company and/or presents a direct threat to the health and safety of the teammate or others, the Company will not retaliate against any teammate merely for requesting an accommodation.

If you believe you have been treated in a manner not in accordance with this policy, please notify Human Resources immediately.



**3. Policy Governance**

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| <b>Service King Collision<br/>Corporate Governance<br/>Company Policies and<br/>Procedures</b> | Policy Name             | California COVID-19 Vaccination Policy |
|  | Issue Date              | 12/23/2021                             |
|  | Policy Revision Date    | 12/23/2021                             |
|  | Policy Creator/Approver | VP, Total Rewards/CHRO                 |
|  | Audience                | All Service King California Teammates  |
|  | Number of Pages         | 3                                      |
|  | Policy Contacts (Dept.) | Covid19-Response                       |

**4. Appendices**

- 4.1. Disability-Medical Accommodation Request Form
- 4.2. Religious Accommodation Request Form



## **4.1. Appendix**

### **Disability-Medical Accommodation Request Form**

## California Disability/Medical Request for Accommodation Form: COVID-19

To request an accommodation from a Company COVID-19 vaccination requirement or other safety measure, such as testing requirements, masks, etc., please complete this form and return it to [Covid19-Response](#).

|                       |                  |
|-----------------------|------------------|
| Name / EE ID (print): | Date:            |
| Dept.:                | Position:        |
| Manager:              | Work/Cell Phone: |

I am requesting a medical accommodation as to the following Company policy or procedure regarding COVID-19: \_\_\_\_\_ . I understand that upon submitting this request, I may be asked by the Company to provide additional information in support of my accommodation request, including information from my healthcare provider. I understand that if granted an accommodation from the Company's vaccination requirement, I may be required by applicable law and/or Company policy to submit to weekly testing and other mitigation measures.

The reason for the requested accommodation is: \_\_\_\_\_

Despite the exemption I seek above, I believe the following accommodation(s) would be effective at: (1) allowing me to perform all essential functions of my position, and (2) keeping both myself and all others in the workforce safe from the spread of COVID:

If the above accommodation is not possible for one or more reasons, I believe the following would be equally effective at both allowing me to perform all essential functions and in keeping all safe:

Under the ADA and the California Fair Employment and Housing Act, when an individual qualifies for reasonable accommodation, the employer is free to choose among effective accommodations, and may choose one that is less expensive or easier to provide. Also, please understand that Company is not required to provide an accommodation if doing so would pose a direct threat to you or others in the workplace or would create an undue hardship for the Company. By signing below, you are authorizing



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the Company to request and obtain medical information and records from your healthcare provider to the extent appropriate and necessary to support your request.

The information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be grounds for discipline, up to and including termination of employment. I authorize the Company to explore coverage and reasonable accommodations under the ADA and FEHA, including requesting medical records and protected health information from my healthcare provider to process this request. I understand that all information obtained during this process will be maintained and used in accordance with ADA, California, and local confidentiality requirements.

|                     |       |
|---------------------|-------|
| Teammate Signature: | Date: |
|---------------------|-------|

**HR USE ONLY**

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

Accommodation request:

Approved \_\_/\_\_/\_\_\_\_

Describe specific accommodation details:

\_\_\_\_\_

Denied \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied:

\_\_\_\_\_

## **4.2. Appendix**

### **Religious Accommodation Request Form**

## California Religious Accommodation Request Form: COVID-19

**To Be Completed by Teammate**

(Please attach additional pages if needed)

I am experiencing a conflict between a sincerely held religious belief, observance, or practice and a work rule or requirement related to COVID-19, and I request an accommodation in an effort to eliminate and/or minimize this conflict. I understand that if granted an accommodation from the Company's vaccination requirement, I may be required by applicable law and/or Company policy to submit to weekly testing and other mitigation measures, which may be at my expense. The following information is provided in support of my request.

|                       |                  |
|-----------------------|------------------|
| Name / EE ID (print): | Date:            |
| Dept.:                | Position:        |
| Manager:              | Work/Cell Phone: |

Describe the sincerely held religious belief, observance, or practice for which you seek an accommodation:

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Identify the COVID-19 related work rule or job requirement that you believe conflicts with your religious belief, observance, or practice:

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Specifically describe the conflict between your religious belief, observance, or practice and the work rule or job requirement at issue:

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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 and all others equally safe. Please be as specific as possible:

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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:

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Any additional comments? \_\_\_\_\_

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My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the Company will attempt to provide a reasonable religious accommodation that does not create an undue hardship on its business operations. 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, misleading, or incomplete information is grounds for discipline, up to and including termination from employment.

Print Teammate Name \_\_\_\_\_

Teammate Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions to the Supervisor:** Once the teammate has completed this request form, please contact [Covid19-Response](#) for assistance evaluating the request.



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## Request for Religious Exemption from COVID-19 Vaccination

### Religious Leader / Attestor Certification Form

Teammate Name: \_\_\_\_\_ Teammate EE ID: \_\_\_\_\_

ServiceKing (the Company) is committed to protecting its teammates, customers, vendors, patients, volunteers, and the public from COVID-19 and, thus, requires all teammates to follow certain safety precautions. A religious accommodation may be granted to accommodate sincerely held religious beliefs that prohibit an individual from complying with the policy, providing doing so does not create an undue hardship for the Company. The individual identified above is requesting a religious exemption from the COVID-19 safety requirements described at [www.skbenefits.com](http://www.skbenefits.com). Your supporting statements will assist us in evaluating this request. Please complete the information below for the above-named individual.

**I CERTIFY that the above-named individual has the following sincerely held religious beliefs requiring exemption from the above-noted COVID-19 policy requirement (attach additional pages if necessary):**

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Church or Religious Body: \_\_\_\_\_

Daily actions (other than refusal to obtain vaccinations) that demonstrate the above-named individuals sincerely held religious objection to the COVID-19 policy requirement:

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**I authorize the Company to contact me directly for additional information and/or clarification about my knowledge of the above-named individual's religious beliefs and objections to the COVID-19 policy requirement.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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## HR USE ONLY

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

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

Accommodation request:

Approved \_\_/\_\_/\_\_\_\_

Describe specific accommodation details:

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Denied \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied:

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