Hualapai Tribal Nation Government COVID-19 Employment Accommodation for High-Risk Employees

As part of the organizations response to COVID-19, the Hualapai Tribe is committed to supporting employees who are at higher risk of severe illness from COVID-19. If you are 60 years of age, older, or have an underlying medical condition (as determined by a health care professional) you are considered at increased risk of severe outcome from COVID-19 infection.

When requested by an employee considered at high-risk from exposure to COVID-19, the Hualapai Tribe will:

- Provide options for alternative work assignments such as telework, alternative work locations, reassignment, or social distancing measures.
- Where alternative work assignments are not possible, permit a high-risk employee to use any of their accrued paid time off.
- Maintain all employer-related health insurance benefits for employees already eligible for benefits until the employee is deemed eligible to return to work, or until expiration of any unpaid leave of absence period not to exceed 12 weeks.

The Hualapai Tribe will not terminate, suspend, discipline, or take any other adverse employment action against an employee exercising their rights under this policy, nor take any action that would result in loss of the high-risk employee's current position by permanent replacement.

When no work reasonably exists for a high-risk employee, The Hualapai Tribe may permanently or temporarily layoff the employee. Layoff will not adversely affect the employee's eligibility for unemployment benefits.

Process for accommodation requests

Employees with job duties that may require them to work on-site in close contact with others are encouraged to talk to their department about options for physical distancing or performing alternate work assignments.

Requests for an accommodation

Alternate work assignment

If an employee who is at higher risk of severe illness from COVID-19 requests an accommodation due to the potential threat of exposure to COVID-19 in the workplace and the accommodation would be easy to implement or one that you would otherwise provide to any other employee, departments should:

- Implement the accommodation as soon as possible.
- Memorialize the accommodation in writing and forward a copy to HR.

• Communicate the alternate work assignment or other measures to the employee, including any schedule or location changes, anticipated end date, and any other requirements.

Options for physical distancing (including staggering shifts), telework, alternative work locations, reassignment, or performing alternate work assignments should be considered.

Accommodations are provided on an individual basis and created in collaboration with the requesting employee, the appropriate Department Director and Human Resources. If an employee requests an accommodation that is not easy to implement or is not something you would normally provide any other employee, refer the employee to the following procedures:

- Fill out a Request for Reasonable Accommodation Form
- In addition to the Accommodation Request Form you must provide a statement from a health-care professional stating that the specific accommodation is necessary for you to perform CURRENT duties associated with your job.

While the reasonable accommodation analysis is being conducted, the requested accommodation should be temporarily put in place to protect the employee. Communicate to the employee in writing that the accommodation is being temporarily implemented while the accommodation analysis is being conducted.

If temporary accommodations are not possible during the analysis phase, leave of absence options for the employee should be explored. It is important to document the reason why you are not able to temporarily accommodate (focusing on the impact to business processes).

Leave of absence

If the employee's request is for a leave of absence, refer the employee to their Department Director and the Human Resources office.

Employees who choose a leave of absence must give at least five days' advance notice of any decision to report to work or return to work.

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Employee Acknowledgment

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- Purpose
- Tribe's Responsibilities
- Process for Accommodation Requests
- Alternate Work Assignments
- Leave of Absence
- -I have read and fully understand all practices and responsibilities.
- -I agree to observe and follow these practices.
- -I have received a copy of this policy and practices.
- -I understand failure to follow these practices may affect my current employment.

I acknowledge that the above information was presented to me.						
Employee (Print):						
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Employee Signature:						
Training date:						
Trainer (Print):						
Title:						