

Human Resources Policy

Policy on Workplace Accommodations

**HR-AC-12
Revision 10**

Review Type: 2 Year
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POLICY STATEMENT

Constellation is committed to a work environment free from discrimination, harassment, and retaliation. Constellation prohibits discrimination or harassment based on disability, religion, pregnancy, or any other legally protected characteristic, and will consider requests for and provide reasonable accommodations in accordance with applicable law.

POLICY INTENT

Constellation's goal is to create a respectful work environment that engages all employees and encourages them to deliver their best work. Constellation will provide reasonable accommodations in accordance with applicable law to a qualified employee or applicant with a disability where the reasonable accommodation would enable the employee to perform the essential functions of the employee's job or the applicant to have an equal opportunity to be considered for a job; to an employee or applicant for sincerely held religious beliefs or practices; and, to known limitations related to the pregnancy of an employee. Constellation will evaluate requests for accommodation on a case by case basis.

APPLICABILITY

This policy applies to all employees of a Constellation subsidiary, affiliate or related company as well as individuals not employed by Constellation while on Company property.

DEFINITIONS

Disability: The federal Americans with Disabilities Act ("ADA") defines "disability" as:

a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or, being regarded as having such an impairment. Applicable state and local disability laws may have different definitions of the term "disability."

Essential function: job duties that an employee must be able to perform, with or without reasonable accommodation.

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WORKPLACE ACCOMMODATION OF DISABILITIES

Constellation will consider and provide reasonable accommodations to allow applicants with a disability equal access in the interview and selection process and to enable a qualified individual with a disability to perform the essential functions of the individual's job or position for which the individual is being considered. Reasonable accommodations will be evaluated on a case-by-case basis, considering the individual's disability, specific limitations of the individual, and the specific job, functions, and work conditions at issue. In all cases, Constellation will decide what functions are "essential," whether an accommodation is reasonable, and what accommodations, if any, will be offered. An accommodation is not reasonable if, among other things, it requires the elimination of an essential function of the position in question, will not eliminate a direct threat posed by the individual to self or others, imposes an undue hardship on the operation of the business, or is contrary to the provisions of any applicable collective bargaining agreement or negotiated agreement.

Reasonable accommodation does not include accommodation of a failure to adhere to workplace conduct or performance standards.

Job Application Process

Upon request supported by sufficient medical documentation, reasonable accommodation will be provided in the job application process to enable a qualified applicant with a disability to have an equal opportunity to be considered for a job.

Employees

Employees who have a disability that impacts their ability to perform the functions of their position or a position for which they are being considered may request reasonable accommodations that will enable or allow the employee to perform the essential functions of the employee's job. An employee should direct such requests to Occupational Health Services ("OHS"), the employee's Human Resources representative, or the employee's supervisor, except that any information regarding the medical condition giving rise to the request should be provided only to OHS. A supervisor who receives a request for accommodation should inform Human Resources or OHS. When making such a request or to follow up on a verbal request, the employee should submit a completed "Request for Reasonable Accommodation or Adjustment or Modification" form directly to OHS. The request to OHS should identify the medical condition at issue, explain why an accommodation is needed, and identify the accommodation that is requested.

Required Medical Information

Employees who request accommodations will be required to provide OHS with medical information as requested by OHS regarding the employee's medical condition, applicable restrictions related to the condition, and/or the medical support for and any recommended accommodations that would allow the individual to perform the essential functions of the job. OHS may request that the employee provide additional medical information or sign a release so OHS can obtain additional medical information from the employee's health care provider and/or schedule a medical examination for the individual. The cooperation of the employee and the employee's health care provider in the interactive process is essential so that the need for, and if applicable, an appropriate, reasonable accommodation can be determined.

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Employees who refuse or fail to cooperate in this process may be denied a reasonable accommodation. Each request for a reasonable accommodation or evaluation of an individual's eligibility to participate in the terms, conditions, and privileges of employment will be evaluated on a case-by-case basis. The Company is not required to provide the accommodation requested by the employee and/or the employee's health care provider if it can provide an effective accommodation.

Consideration for Other Positions

If a reasonable accommodation is not possible in the employee's current position, Human Resources, may consider whether there are any open and available positions available for which the employee is qualified and able to perform the essential functions, with or without reasonable accommodation in that position. Additionally, employees who are unable to perform the essential functions of their current position, with or without reasonable accommodations, are encouraged to utilize the Constellation Career Opportunity System and job postings to search for alternative available positions that may meet their qualifications and applicable workplace restrictions. If an alternative available position is not identified or such a position is offered to, but rejected by, the employee, the employee may be terminated.

Other Medical Conditions

Constellation recognizes that most medical (physical or mental) conditions are not disabilities under the law, but that such conditions may limit an employee from performing the employee's job duties in some way. In such cases, management may, in its sole discretion (and under such terms and conditions as management deems appropriate), provide short-term or temporary adjustments or modifications to an employee who has a documented medical condition that prevents that the employee from performing the employee's job without such adjustments or modifications or as otherwise required for safety or other business needs. Employees who seek such adjustments or modifications should submit a "Request for Reasonable Accommodation or Adjustment or Modification" form to OHS and comply with all other direction from OHS with respect to required medical documentation and information. In no case shall management's decision to provide an adjustment or modification be considered or deemed to be an (1) admission or acknowledgement that the employee is disabled under the law or (2) entitlement to the other terms, conditions, and privileges of employment.

WORKPLACE ACCOMMODATION OF PREGNANCY

If an employee needs an accommodation of job functions due to a physical or mental condition related to pregnancy, child-birth or related medical conditions, the employee or the employee's representative may request an accommodation by notifying OHS, a Human Resources representative, or a supervisor, except that any medical information regarding the condition should be provided only to OHS. An employee may qualify for an accommodation of pregnancy whether or not the condition meets the definition of disability under the ADA. Employees and applicants who have a disability caused or contributed to by pregnancy are not required to advise Constellation of their pregnancies if they do not wish to do so, and may initiate a request for an accommodation due to disability in the same manner as non-pregnant employees and applicants in accordance with this policy.

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WORKPLACE ACCOMMODATION OF RELIGIOUS BELIEFS

An employee or applicant who seeks a reasonable accommodation for a religious belief or practice should contact Human Resources.

Reports of Discrimination or Harassment

Any employee or applicant who believes that there has been harassment, discrimination or retaliation on the basis of requesting a reasonable accommodation or on the basis of an employee or applicant's disability, pregnancy, or religious belief, or denied a reasonable accommodation, can make a report, formally or informally, verbally or in writing, to the Ethics Hotline at 1-800-233-8442, or any one of the following resources:

Any individual in the employee or applicant's departmental leadership chain, including going directly to the Department Head;

The Human Resources generalist, business partner, manager, or Vice President for that individual's group, department, location, or Operating Company;

The Legal Department for Constellation or for the individual's Operating Company;

The Employee Concerns Program for the individual's work location (Constellation Nuclear only);

To the extent that the individual feels threatened or intimidated, the Constellation Security Operations Center (1-888-414-2762) or the Security department with authority for their work location;

Constellation Ethics Department, which may be contacted in three ways, including options for anonymous reporting:

- Via email at EthicsOffice2@Constellation.com (NOT anonymous);
- Ethics Department Hotline at 800-23-ETHIC (1-800-233-8442) (option to remain anonymous); or,
- Ethics Department web portal (on the Constellation intranet home page, under the "Services & Support" menu, select the link for "Report Ethics Concern", or entering <https://www.compliance-helpline.com/welcomeConstellation.jsp>) (option to remain anonymous).

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Reports under this policy will be investigated in accordance with the Constellation Policy Against Harassment, Discrimination, and Retaliation (HR-AC-72).

NO TOLERANCE FOR RETALIATION

Although Constellation may not be able to reasonably to accommodate every employee who requests an accommodation, Constellation prohibits retaliation against any individual who makes such a request in good faith.

IMPLEMENTATION

Refer to Applicability section.

ATTACHMENTS

Attachment 1: Request for Reasonable Accommodation or Adjustments or Modifications Form
(Medical Form)

Attachment 2: Request for Reasonable Accommodation or Adjustments or Modifications Form
(Religious Beliefs Accommodations Form)

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**Request for Reasonable Accommodation or Adjustments or Modifications Form
(HR-AC-12 Attachment 1)**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Voluntary Form

Basic Employee Information	
Name	
Position	
Department	
Supervisor	

Request for Reasonable Accommodation or Adjustments or Modifications Summary	
1. Medical condition for which accommodation, adjustment, or modification is sought	
1a. For how long will the medical conditions last?	
2. Work limitations or restrictions caused by medical condition:	
2a. For how long will the limitations or restrictions last?	
3. Requested accommodation, adjustment, or modification	
3a. For how long will the requested accommodation(s), adjustment, or modification be needed?	
4. Additional information you believe is relevant to your request:	

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO OCCUPATIONAL HEALTH SERVICES AS SOON AS POSSIBLE. DO NOT GIVE THIS FORM TO YOUR SUPERVISOR, AS IT MAY CONTAIN CONFIDENTIAL MEDICAL INFORMATION. CONFIDENTIAL – MAY CONTAIN MEDICAL INFORMATION

Contact your local Human Resources Partner/Generalist with questions

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Request for Reasonable Accommodation or Adjustments or Modifications Form
(HR-AC-12 Attachment 2)
Voluntary Form

Basic Employee Information	
Name	
Position	
Department	
Supervisor	

Request for Reasonable Accommodation or Adjustments or Modifications Summary	
1. Describe your sincerely held religious beliefs or religious practice or observance that conflict with your job duties and responsibilities.	
2. Describe how your requested accommodation for your required job duties and responsibilities would substantially burden your religious beliefs, practice, or observance.	
3. What is your requested accommodation, adjustment, or modification? <i>The requested accommodation should enable you to follow your sincerely held religious beliefs, practice, or observance without impairing your ability to perform the required functions of your position. The Company will engage in an interactive process and will provide a reasonable accommodation unless it creates an undue hardship for the company.</i>	
4. For how long will you need the requested accommodation, adjustment, or modification?	
5. Please include any additional information you believe is relevant to your request or that you would like the company to consider.	

Signature: _____ Date: _____

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