**AFFINITY GROUPS IN THE WORKPLACE POLICY**

**PURPOSE**

At [EMPLOYER'S NAME], affinity groups are voluntary, employee-led organizations that bring together individuals with shared interests, backgrounds, or experiences. These groups are established to promote a supportive and inclusive work culture, offering benefits such as:

* Attracting and retaining a workforce that reflects diversity.
* Encouraging cultural awareness and fostering an inclusive environment.
* Boosting employee morale, engagement, and productivity.
* Providing opportunities for professional development through mentorship, networking, and the open exchange of ideas.
* Offering a space for peer support and connection.
* Aligning with [EMPLOYER'S NAME]’s diversity initiatives, both internally and within the broader community.

[EMPLOYER'S NAME] recognizes and encourages affinity groups that serve a clear, business-related purpose and operate within the guidelines of this policy.

However, [EMPLOYER'S NAME] does not support or approve affinity groups:

* That lack a clear connection to the company’s goals or operations (e.g., social groups based on hobbies or recreational interests).
* That aim to divide, exclude, or undermine other employees or groups.
* [[OTHER]].

Affinity groups are not designed to represent employees in discussions about their employment terms or workplace conditions. [EMPLOYER'S NAME] does not endorse groups that act as employee representatives or attempt to negotiate employment-related matters. Similarly, proposals from affinity groups regarding workplace terms and conditions will not be considered.

This policy complies with applicable federal laws and recognizes additional considerations for Rhode Island state laws to ensure alignment with local regulations.

**PROCESS FOR ESTABLISHING AN AFFINITY GROUP**

Employees interested in forming and maintaining an affinity group recognized by [EMPLOYER'S NAME] must follow these guidelines:

Membership requirements

* All members must be current [full-time][or part-time] employees of [EMPLOYER'S NAME].
* A minimum of [NUMBER] current [full-time][or part-time] employees is required to establish and sustain the group.
* Membership and participation must be open to all current [full-time][or part-time] employees.
* Membership and participation must comply with applicable federal and Rhode Island state laws to ensure inclusivity and non-discrimination.

Submission process

* Employees must submit a formal request to [the [DEPARTMENT NAME] Department/[EMPLOYER'S NAME]'s Chief Diversity Officer/[POSITION]] that includes:
	+ The proposed group’s name.
	+ A clear business purpose.
	+ A mission statement.
	+ An outline of its organizational structure.
	+ [Charter or bylaws.]
	+ Key activities and their anticipated benefits [and a proposed budget].
* Requests for affinity group recognition should include confirmation of compliance with Rhode Island's workplace policies and regulations.

Reporting and renewal requirements

* Affinity group leaders must provide [annual/quarterly/monthly] updates to [the [DEPARTMENT NAME] Department/[EMPLOYER'S NAME]'s Chief Diversity Officer/[POSITION]].
* Each approved group must renew its application annually with [the [DEPARTMENT NAME] Department/[EMPLOYER'S NAME]'s Chief Diversity Officer/[POSITION]].

Compliance and revocation

* Approved affinity groups must comply with this policy and all other relevant [EMPLOYER'S NAME] policies.
* [EMPLOYER'S NAME] reserves the right to withdraw recognition from any group that fails to adhere to these policies.

By adhering to these steps, affinity groups can operate in alignment with [EMPLOYER'S NAME]’s values and policies, fostering an inclusive and collaborative work environment.

**PROHIBITION OF DISCRIMINATION AND HARASSMENT**

Membership and participation

Membership in any recognized affinity group or participation in its activities must not be restricted based on an employee’s race, color, religion, national origin, ethnicity, sex (including pregnancy), gender identity (including transgender or nonconforming status), age, disability, citizenship, military service, genetic information, or any other characteristic protected under applicable federal, state, or local law, including protected classes recognized by Rhode Island law. Even if an affinity group’s purpose relates to a specific protected characteristic, it is prohibited from discriminating against employees based on any protected characteristic.

Recognition of affinity groups

[EMPLOYER'S NAME] does not discriminate in its recognition of affinity groups that meet the company’s requirements. Recognition is granted without regard to the protected characteristics of the group’s members or the group’s focus, even if it relates to a protected characteristic. However, [EMPLOYER'S NAME] does not recognize affinity groups that advocate or promote religious [or political] positions.

Prohibition of harassment

In line with [EMPLOYER'S NAME]’s [Anti-Harassment Policy/[POLICY NAME]], unlawful harassment of employees or other covered individuals based on any protected characteristic is strictly prohibited. This applies to all workplace activities and employer-sponsored events, including those associated with affinity groups.

If an employee experiences or witnesses conduct within an affinity group meeting, activity, or communication that they believe violates [EMPLOYER'S NAME]’s [Anti-Harassment Policy/[POLICY NAME]], they are encouraged to report it promptly through the complaint process outlined in that policy. Reports will be thoroughly investigated, and corrective action will be taken as appropriate.

Responsibilities of affinity group leaders

Affinity group leaders are required to:

* Report any observed harassing behavior to [POSITION]/the [DEPARTMENT NAME] Department].
* Ensure that all affinity group members are familiar with [EMPLOYER'S NAME]’s [Anti-Harassment Policy/[POLICY NAME]] and understand the procedures for reporting harassment.
* Direct members to the company’s policy and complaint process as needed.

By adhering to these guidelines, [EMPLOYER'S NAME] ensures that affinity groups contribute to a supportive and respectful workplace for all employees.

**EXPENSES AND RESOURCES**

Use of employer resources

Recognized affinity groups at [EMPLOYER'S NAME] may use the company’s facilities and technology for official group activities, such as meetings, events, announcements, and communications, as long as they comply with the guidelines outlined in this policy. Approved resources include:

* Conference rooms: Subject to availability and prior approval from [the [DEPARTMENT] Department/[POSITION]].
* Equipment and supplies: Includes computers, printers, copiers, and teleconferencing or videoconferencing tools.
* Email systems: For official communications.
* Bulletin boards: For posting group-related announcements.
* Intranet: [EMPLOYER'S NAME]’s internal platform for sharing updates and resources.
* [ADDITIONAL RESOURCES OR SUPPORT PROVIDED].

Announcement and communications

Affinity groups must obtain prior approval from [the [DEPARTMENT] Department/[POSITION]] before posting any [company-wide/office-wide] announcements or communications on [EMPLOYER'S NAME]’s bulletin boards or intranet. All group communications and use of resources must comply with [EMPLOYER'S NAME]’s applicable policies, such as:

* [ANY RELEVANT POLICIES].

Expense reimbursement

[Certain reasonable, business-related expenses incurred by affinity groups or their members may be reimbursed by [EMPLOYER'S NAME]]. Before incurring expenses, employees must:

1. Obtain written approval in advance from [[DEPARTMENT NAME] Department/Chief Diversity Officer/[POSITION]].
2. Submit receipts or appropriate documentation to substantiate the expenses.

Affinity group leaders and members must follow the procedures outlined in [EMPLOYER'S NAME]’s [Expense Reimbursement Policy/[POLICY NAME]] to request reimbursement.]

By adhering to these guidelines, affinity groups ensure responsible use of company resources and compliance with [EMPLOYER'S NAME]’s policies.

**TIMEKEEPING AND REQUESTS FOR TIME OFF**

Voluntary participation

Attendance at affinity group meetings or activities is completely voluntary. These meetings and events should generally be scheduled outside of regular working hours or during lunch breaks. Employees are not allowed to perform any work-related tasks for [EMPLOYER'S NAME] while participating in affinity group activities. Time spent at these meetings or events is not considered hours worked and will not be compensated.

Scheduling by affinity group leaders

Affinity group leaders may request a reasonable amount of time during work hours to plan or schedule meetings or activities. These requests should be submitted to [DEPARTMENT/POSITION], who has the discretion to approve or deny them.

Requests for employee time off

Managers are not obligated to allow employees time off during regular working hours to attend affinity group meetings or participate in group activities. However, if a nonexempt employee is granted time off to attend an event during working hours, their time must be accurately recorded in line with the timekeeping procedures outlined in [EMPLOYER'S NAME]’s [Payroll Practices and Compensation Policy/[OTHER POLICY]]. This ensures proper tracking and compensation for any hours worked.

**[DISCLAIMER OF RESTRICTIONS ON EMPLOYEES’ RIGHTS**

This policy does not seek to restrict any communication or actions protected or required by state or federal law, including the National Labor Relations Act.

By including this disclaimer, [EMPLOYER'S NAME] affirms its commitment to complying with all applicable laws while supporting employee rights.]

**ADMINISTRATION OF THIS POLICY**

Responsibility for managing and enforcing this policy rests with [EMPLOYER'S NAME]'s [DEPARTMENT NAME] Department/[Chief Diversity Officer/[POSITION]].

For any questions about the policy or for additional guidance regarding affinity groups not specifically addressed here, employees should reach out directly to [DEPARTMENT NAME] Department/[EMPLOYER'S NAME]'s [Chief Diversity Officer/[POSITION]].

This policy has been designed to align with both federal and Rhode Island state laws to ensure legal compliance across all operations in the state.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date