Date: May 23, 2022

To: Thomas B. Modica, City Manager

From: Joe Ambrosini, Director of Human Resources

For: Mayor and Members of the City Council

Subject: City of Long Beach Employee Mandatory COVID-19 Vaccination Policy

Since the onset of the COVID-19 pandemic, safety has been the highest priority for our City employees and the community we serve. From providing access to cleaning stations and sanitizer products, wearing face coverings, social distancing, and teleworking, we have used a variety of methods to keep our employees and community safe during this pandemic.

On September 29, 2021, employees were informed that the City of Long Beach was moving forward with a requirement that all new and current employees must be vaccinated for COVID-19 in order to further protect public health, the workforce, and those whom we serve. Following that announcement, the City initiated the meet and confer process with each of the City’s 12 Labor Associations. The meet and confer process has now concluded and the City is moving forward with implementing the Mandatory COVID-19 Vaccination Policy effective June 6, 2022.

Background

The City of Long Beach has taken a multi-phased approach to the COVID-19 vaccination:

- **Phase 1 - Implemented Employee COVID-19 Vaccine Attestation Form (Effective June 28, 2021)**

  As part of efforts to provide a safe workplace, and in accordance with the implementation of Cal/OSHA COVID Emergency Temporary Standards (ETS), the City implemented an employee COVID-19 Vaccine Attestation Form. All City employees were required to complete the City’s COVID-19 Vaccine Attestation form. Effective upon submission of the City of Long Beach Employee Attestation of COVID-19 Vaccination form, employees who were fully vaccinated were no longer required to wear a face covering while in the workplace (unless otherwise specified within the current Health Order). At the conclusion of Phase 1, 72 percent of City employees were fully vaccinated from the COVID-19 virus.

- **Phase 2 - City of Long Beach Employee COVID-19 Vaccine Verification or Mandatory Weekly Testing (Effective August 30, 2021)**

  All City employees who were not fully vaccinated or did not disclose proof of vaccination status are required to test weekly for COVID-19 at a designated test site. Today, as you can see in the attached document, we are now as an organization 86 percent vaccinated. 16 of our 23 departments are over 90 percent vaccinated, and 20 of 23 are over 80 percent vaccinated. Our Police Department now has a 70 percent vaccination...
rate (61 percent sworn) and our Fire Department has an 81 percent vaccination rate (72 percent sworn).

- Phase 3 - Employee COVID-19 Mandatory Vaccine Policy (Effective June 6, 2022)

The City will implement the Mandatory COVID-19 Vaccination Policy effective June 6, 2022. The intent of the policy is to protect public health, the workforce, and those we serve by requiring all employees to be vaccinated for COVID-19. All City employees will be required to either:

- Provide proof that they have received either the one-dose COVID-19 vaccine regimen or the first dose of the two-dose COVID-19 vaccine regimens; or
- Must have submitted a request for accommodation (medical, religious, or personal) via the process outlined in the policy; or
- Must have submitted a completed request for a Personal Exemption from COVID-19 vaccination by June 6, 2022. Those who choose this option will need to pay for COVID-19 weekly testing (Rapid Antigen/PCR) and can complete the testing during City work hours. For administrative ease, employees will be charged one flat rate and the City will deduct the cost of weekly testing from the employee's paycheck bi-weekly. The mandatory COVID-19 testing cost is $107.98 and will appear as a bi-weekly payroll deduction.

If an employee chooses the two-dose COVID-19 vaccine regimen, they must receive the second dose by July 8, 2022. The vaccination requirement will be a condition of City employment. Employees who do not meet the requirements as specified in the policy will be subject to discipline as outlined in the policy.

Unvaccinated City employees must continue to wear a face covering mask (e.g., medical/surgical mask or respirator) at all times while indoors on City of Long Beach property and/or workplace (including any indoor facility or property which we provide service(s) to). Cloth face coverings are not considered compliant with this policy. The City has zero tolerance for unvaccinated employees not wearing an appropriate mask indoors, in a vehicle with others, or any other indoor space. Failure for employees or Supervisors to comply and/or enforce the masking requirements will result in disciplinary action, up to and including termination.

**Requirements for Commissioners, Volunteers, and City Contractors**

The City will take a similar approach for Commissioners, consultants, third-party support staff and volunteers. Commissioners will be required to provide proof of vaccination or apply for an exemption as described in the policy. All consultant and/or contracted third-party support staff entering a City-operated site will be required to be fully vaccinated or qualify as an exempt worker with an approved negative COVID-19 test result obtained within three days prior to performing work at a City-operated site and remain appropriately masked while in City facilities. Volunteers will be required to complete the City of Long Beach Volunteer Attestation of COVID-19 Vaccination Form and be kept on file with their respective City department. Departments
will receive further instructions on the implementation requirements for Commissioners, consultants, third-party support staff and volunteers.

If you have any questions, please contact me at (562) 570-6140.

ATTACHMENTS – A - MANDATORY COVID-19 VACCINATION POLICY
B - CITY OF LONG BEACH EMPLOYEE PROOF OF COVID-19 VACCINATION METRICS

CC: CHARLES PARKIN, CITY ATTORNEY
DOUGLAS P. HAUBERT, CITY PROSECUTOR
LAURA L. DOUD, CITY AUDITOR
LINDA TATUM, ASSISTANT CITY MANAGER
TERESA CHANDLER, DEPUTY CITY MANAGER
APRIL WALKER, ADMINISTRATIVE DEPUTY CITY MANAGER
KEVIN LEE, CHIEF PUBLIC AFFAIRS OFFICER
MONIQUE DE LA GARZA, CITY CLERK
FRED VERDUGO, DEPUTY DIRECTOR, HUMAN RESOURCES
DEREK LAW, MANAGER OF CITY SAFETY
CHRISTIAN CAMBRIDGE, LABOR RELATIONS OFFICER
DEPARTMENT HEADS
Policy 9.0 | Mandatory COVID-19 Vaccination Policy
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**Effective Date:** June 6, 2022

I. **SCOPE**
To establish rules for requiring employees to be vaccinated against the Coronavirus ("COVID-19"). Consistent with its duty to provide and maintain a workplace that is free of recognized hazards, the City of Long Beach ("City") has adopted this mandatory vaccination policy to safeguard the health and safety of City employees and the public they serve. This policy is intended to comply with all federal, state, and local laws. It is based upon guidance provided by the Centers for Disease Control and Prevention ("CDC") and other federal, state, or local public health authorities, as applicable.

II. **POLICY STATEMENT**
The City is implementing a Mandatory COVID-19 Vaccination Policy for the health and safety of City employees and the public they serve.

III. **REASON FOR THE POLICY**
The purpose of this policy is to establish protocols, responsibilities, and requirements regarding the Mandatory COVID-19 Vaccination Policy.

IV. **APPLICABILITY**
This policy is applicable to all City employees. For the purposes of this policy only, the term “employees” includes all full-time, part-time, temporary employees regardless of appointment type including but not limited to permanent, probationary, seasonal, or intern.
To the extent allowed by law, this policy also applies to the office of elected officials, volunteers, contractors/vendors with whom employees may come in contact.

V. **BACKGROUND ON MANDATORY COVID-19 VACCINATION**
A. **Mandate to Obtain COVID-19 Vaccine**
The CDC, California Department of Public Health, and Long Beach Health Department recommend all adult residents be vaccinated for COVID-19
with a vaccine authorized by the United States Food and Drug Administration ("FDA") for regular or emergency use. Further, the federal government has recently advised that the emergency use nature of the authorization provided by the FDA for any available COVID-19 vaccines does not prevent employers from requiring staff to obtain the COVID-19 vaccine. COVID-19 poses a serious risk to individuals who are not fully vaccinated and therefore, safety measures are necessary to reduce COVID-19 transmission. Vaccination is the most effective way to prevent transmission and limit COVID-19 hospitalizations and deaths. Unvaccinated employees have a higher likelihood of transmitting COVID-19 in the workplace, and to the public they serve.

Based on the guidance from federal, state, and local public health authorities, the City requires all employees must, as a condition of employment, either (a) provide proof that they have received the one-dose COVID-19 vaccine regimen or the first dose of the two-dose COVID-19 vaccine regimen; or (b) must have submitted a request for accommodation (medical, religious, or personal) via the process outlined in the policy by June 6, 2022. Employees on an approved leave of absence on June 6, 2022, will be provided separate email or personal notification upon their return to work of the requirement to comply with this policy within 14 calendar days of their return to work. Employees returning from an approved leave of absence on or after June 6, 2022 who request an accommodation shall be provided the same appeal time frames as set forth in this policy (e.g., five business days to appeal the denial of a request for accommodation).

Employees will be considered fully vaccinated if they obtain any of the COVID-19 vaccines that have received authorization for regular or emergency use by the FDA, or for persons fully vaccinated outside the United States, the vaccine must be authorized for regular or emergency use by the World Health Organization (WHO), including:

- The two-dose series of Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine;
- The two-dose series of Moderna COVID-19 Vaccine; or
- The single-dose of Janssen ("Johnson & Johnson") COVID-19 Vaccine.

Should the State of California Department of Public Health change the definition of fully vaccinated, the City will issue an addendum to this policy and comply with meet and confer requirements.
B. Verification of Full Vaccination Status

By June 6, 2022, all City employees must either (a) provide proof that they have received either the one-dose COVID-19 vaccine regimen or the first dose of the two-dose COVID-19 vaccine regimens; or (b) must have submitted a request for accommodation (medical, religious, or personal) via the process outlined in the policy; or (c) must have submitted a completed request for a Personal Exemption from COVID-19 vaccination. If an employee chooses the two-dose COVID-19 vaccine regimen, they must receive the second dose by July 8, 2022. The process for seeking an accommodation is explained in Section C.

On a one-time basis, at the time of the implementation of this policy, if an unvaccinated employee has received a positive COVID-19 test result within 30 days, and submits documentation for the positive test result, the employee may request a delay to comply with this policy. Employees must communicate and submit documentation to the City’s Return to Work program to request an extension, in order to delay pending disciplinary action related to this policy.

Employees will be provided up to one hour of paid City time per dose to receive a COVID-19 vaccination at various City designated sites. The Long Beach Health Department’s website has the most current vaccination sites and schedules.

All employees, including those on a Hybrid Work Program and/or working from an alternate work location, will be required to submit proof of vaccination by uploading it onto the VEOCI website: https://veoci.com/v/p/171073/workflow/esqkxtk392p7.

Employees must present proof of vaccination using one of the following methods and must identify the name of the employee who received the vaccine, the name of the vaccine administered, and the date each dose was administered:

1. An original United States Department of Health and Human Services for Disease Control & Prevention Vaccination Record Card issued to the employee following administration of a COVID-19 vaccine ("CDC Card").

2. An original World Health Organization International Certificate of Vaccination or Prophylaxis issued to the employee following administration of a COVID-19 vaccine in a foreign country ("WHO Yellow Card").
3. A physical photograph of a CDC Card or WHO Yellow Card, which provides the legible information listed in options 1 or 2.

4. An image of a CDC Card or WHO Yellow Card stored on a cell phone or other electronic device, which provides the legible information listed in options 1 or 2.

5. A digital copy of the employee’s COVID-19 Vaccine Record.

6. Documentation from a healthcare provider reflecting that the employee received a COVID-19 vaccine, including the information listed in option 1.

Employees must utilize one of these six methods to verify their vaccination status. All documents are subject to verification. The City will maintain the confidentiality of any vaccination records provided by employees, subject to the requirements of law. The City reserves the right to request alternate forms of vaccination verification, if necessary, e.g. if an original card is not legible, the City may require a photograph or digital copy.

C. Requests for Exemptions as Accommodations

Under the federal and state guidelines for reasonable accommodation and the interactive process, exemption requests for medical accommodations submitted by employees will be reviewed by the Department of Human Resources, and exemption requests for religious accommodations will be reviewed by the City’s designated third-party administrator. Employees who have submitted an exemption request are required to test for COVID-19 once per week at the City’s expense, in accordance with City’s COVID-19 testing protocols while participating in the interactive (review) process. Employees who are granted a medical and/or religious exemption/accommodation will be required to test for COVID-19 once per week in accordance with City’s COVID-19 testing protocols.

If an employee’s request for a medical or religious exemption/accommodation is denied, the employee will receive a 72-hour personal notice (in-person, telephone conversation, virtual meeting, etc.) to comply with the City’s vaccine mandate to avoid disciplinary action.

Employees whose circumstances related to the vaccine mandate are not applicable to the categories of medical or religious exemption, and are not able to vaccinate for personal reasons, may request a personal exemption. Employees who opt for a Personal Exemption in lieu of COVID-19 vaccination, will need to pay for COVID-19
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weekly testing (Rapid Antigen/PCR test), and can complete the testing during City time. Personal Exemption is only for current employees and is not an option for new hires or prior service employees.

1. Overview

The City may provide employees with an exemption to its COVID-19 vaccination requirement as a reasonable accommodation to employees requesting the following exemption: 1) employees who have a medical condition(s), 2) employees who object to the COVID-19 vaccination based on sincerely held religious beliefs that create a conflict for the employee to receive the COVID-19 vaccine, or 3) employees whose circumstances related to the vaccine mandate are not applicable to medical/religious exemption and wish to request a personal exemption. The City is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the City is committed to complying with all applicable federal and state laws protecting employees with a medical condition(s) and/or sincerely held religious beliefs.

The following procedure should be utilized when an employee requests an exemption from the City’s COVID-19 vaccine requirement as a reasonable accommodation.

2. Requests for Exemption as Accommodation

To assist employees who have a medical condition(s) and/or who object to being vaccinated based on sincerely held religious beliefs, the City or its designated third-party administrator (depending on the type of accommodation requested) will engage employees in an interactive process to determine, on a case-by-case basis, if a reasonable accommodation can be provided. The City has the sole discretion to determine if a reasonable accommodation can be made and the type of accommodation to be provided (if accommodation is approved). The City does not provide accommodations that would pose an undue hardship upon City finances or operations, or that would endanger the health or safety of others and/or the requesting employee. An employee who requests a reasonable accommodation to perform essential job functions for one of the reasons above must make their request in writing by submitting Group A1 Forms (Medical...
Accommodation (General Employee) – Vaccines) or Group B1 Forms (Religious Accommodation – Vaccines) via instructions outlined below:

Step 1: Access the online Vaccine Exemption Religious Belief or Medical Reasons Intake Form at the following URL: https://www.shawhrconsulting.com/CityofLongBeach

Step 2: Complete the required fields on the online intake form page (i.e., name, job title, department, email address, phone number, etc.).

Step 3: Select the appropriate accommodation request option to the statement: “I am requesting a workplace vaccine exemption.

Step 4: Click “Submit” after completing the required fields, including the Consent and Electronic Signature sections.

Step 5: Review the email from the third-party administrator (Rachel Shaw HR Consulting) and the attachment required to complete the request.

Step 6: Submit the completed request form and email it to the specified email address contained in the body of the email for review of the request.

Step 7: If further clarification/information is needed, the City or its third-party administrator will follow up with employees related to religious or medical exemptions.

Upon receipt of the written request for an accommodation, the City or its designated third-party administrator will review the request and engage the requesting employee in a good faith interactive process, if additional information is needed to fully discuss all potential reasonable accommodations. Employees who believe they have been treated in a manner inconsistent with this policy are asked to notify their Department’s Administrative Officer immediately in writing. Employees may request an accommodation without fear of retaliation.

3. Procedure for Requesting an Exemption Accommodation

a. Written Request for an Exemption Accommodation

An employee requesting an exemption accommodation from mandatory COVID-19 vaccination requirements will be provided with Group A1 Forms (Medical Accommodation (General Employee) – Vaccines), or Group B1 Forms (Religious Accommodation – Vaccines) via the online intake process. If the request for accommodation does not fall into one of the categories listed on
b. Provide Reasonable Documentation

Employees requesting an exemption accommodation related to the vaccine mandate for a medical condition(s), must have their medical provider complete Group A1 Form (Medical Accommodation (General Employee) – Vaccines) and submit the form to the Benefits and Return to Work Division of the Department of Human Resources (see instructions in accompanying memo). Requests for medical exemptions accommodations will be considered if an employee provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician’s assistant (PA)], of one of the following:

1. An applicable CDC contraindication (a condition that serves as a reason for not being vaccinated) for the COVID-19 vaccine, or;

2. An applicable contraindication found in the manufacturer’s package insert for the COVID-19 vaccine (e.g., ingredients for a particular vaccine), or;

3. A statement that the physical condition of the employee or medical circumstances relating to the employee is such that vaccination is not considered safe, including the probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Ensuring the confidentiality of all medical information obtained in connection with a request for reasonable accommodation, as well as the confidentiality of all associated communications during the interactive process is required by federal law. All documentation will be kept in a file separate from an individual’s personnel file. Information obtained during this process will only be shared on an “as needed” basis with those involved in providing a reasonable accommodation.
Following receipt of the request, the Department of Human Resources or its third-party administrator may require additional information in order to continue the interactive process for a decision to be made on the employee’s request. If an employee refuses to provide such information within the timeline(s) provided to the employee, the employee’s refusal will adversely impact the City’s ability to adequately understand the employee’s request or to effectively engage in the interactive process to identify possible accommodations, which can result in the closure of the interactive process. If the interactive process is closed as a result of the employee’s refusal to provide additional information and/or engage in the interactive process, the request will be denied, and the employee will be issued a 72-hour personal notice (in-person, telephone conversation, virtual meeting, etc.) to obtain a vaccine.

c. Interactive Process

Based on the type of exemption requested, the City’s designee or its third-party administrator will engage in the interactive process to determine if an employee is eligible for an exemption accommodation, and if so, to determine the reasonable accommodations related to the vaccine mandate without endangering the health and safety of others and/or of the requesting employee. Once the requesting employee has submitted a written request for the need for an accommodation via the online intake process, the Department of Human Resources or its third-party administrator will review the request and if necessary, arrange for an interactive process discussion, via telephone conference call, or via an email exchange with the employee, and/or their representatives, if any.

The City will maintain a record (i.e., written notes of live interactive process meeting discussions or email communications) of each related interaction. Under this policy only, the City or an employee may audio record the interactive process meeting upon advance notification. The purpose of the discussion is to work in good faith to fully discuss the employee’s request and identify the appropriate exemption and all feasible potential reasonable accommodations. The facilitator may ask the employee relevant questions in order to make an informed decision about the request. In the case of a request for a religious exemption from the City’s vaccination requirement, the third-party administrator
may need to discuss the nature of an employee’s religious belief, practice, and/or accommodation with the employee in order to address the employee’s request.

The exact nature of the dialogue will vary. In some instances, both the reason for the exemption accommodation and the type of exemption accommodation required will be obvious, and thus the dialogue may be brief and may not require any additional follow up questions. In other instances, the dialogue may be extensive, requiring the need to ask questions and/or additional documentation concerning the nature of the request in order to verify the validity of the exemption accommodation request.

d. Determination of Request for Exemption Accommodation

After all necessary information has been obtained and reviewed by the Department of Human Resources and its third-party administrator, the Department of Human Resources will determine if the workplace accommodation sought will be granted, whether an alternative accommodation is appropriate, or whether a reasonable accommodation is not possible. The determination will then be communicated to the employee and further discussion will take place if needed. Additionally, the Department of Human Resources will communicate the determination decision of each employee’s request by sending correspondence via email and/or mail.

In the event that a request is denied because the City cannot provide a reasonable accommodation, or the employee failed to engage, in good faith, with the interactive process, the Department of Human Resources will communicate its reason(s) for denial.

e. Appeal Process for Denied Exemption Requests

Step 1: The Department of Human Resources (HR) will communicate to the employee that their request for exemption is denied.

Step 2: Employee has five business days (Monday thru Friday minus any City recognized holidays from the date personally notified, e.g., in person, telephone conversation, virtual meeting, etc.) to appeal the decision in writing and can only present new
information to communicate why their exemption should be approved. Employees may also request a personal exemption within 5 days from receipt of denial (see section g). **Resubmissions of information and/or documents previously reviewed during the initial review process will be rejected for appeal consideration.** While in the appeal process, the employee will continue to submit to mandatory COVID-19 testing.

Appeals must be emailed to CityofLongBeachHR-RTW@longbeach.gov

An extension of the appeal timeline will be allowed if the employee was on any type of leave (i.e., sick, vacation, etc.) when the denial notification was sent to the employee. The extension will take into consideration the length of time the employee was absent from work.

Step 3: Designees from HR and the City Attorney’s office will review the appeal and render a decision within ten (10) business days, with the understanding that responses may be delayed depending on the number of appeals received.

Step 4: If the appeal is denied, the employee will receive a 72-hour personal notice (in-person, telephone conversation, virtual meeting, etc.) to comply with the City’s vaccine mandate to avoid disciplinary action as outlined in the policy. If the appeal is approved, reasonable accommodation will be implemented (e.g., testing and face covering, etc.).

**f. Testing and Face Covering Requirement for Accommodated Employees**

For unvaccinated employees who are granted an exemption/accommodation, the City of Long Beach will require exempted employees to undergo COVID-19 testing as follows:

- Employees must receive a viral diagnostic COVID-19 test (e.g., PCR/Rapid Antigen) once per week at a predesignated City test site.
**g. Personal Exemption**

Employees whose circumstances related to the vaccine mandate are not applicable to the categories of medical or religious exemption, and is not able to be vaccinated for personal reasons, may request a personal exemption. Personal exemption is only for current employees and is not an option for new hires or prior service employees.

Employees who opt for a Personal Exemption in lieu of COVID-19 vaccination will need to pay for COVID-19 weekly testing (Rapid
Employees granted a personal exemption will be charged one flat rate and the City will deduct the cost of weekly testing from the employee’s paycheck on a bi-weekly basis. The flat rate includes the Rapid Antigen/PCR test and administrative costs. Employees may require multiple tests based on the inconclusive results, inadequate specimens, or if Rapid Antigen test results are positive, but employees will only be charged one flat rate each week regardless of the number of tests required. The flat rate for weekly testing is subject to change. The frequency of required weekly testing is subject to change as determined by the City Health Officer.

Employees under this exemption are required to wear an appropriate face covering indoors, in a City-owned vehicle with other City employees, or any other indoor (City facility) space (when not directly eating or drinking). The City has a zero-tolerance for employees not adhering to required testing and face covering (while indoors) and failure to adhere to this requirement will lead to discipline, up to and including termination. Employees must complete the Personal Exemption Form and Payroll Deduction Form and submit to the City’s Human Resources via email at CityofLongBeachHR-RTW@longbeach.gov.

D. Consequences for Non-Compliance

Please note: the vaccination requirement is a condition of City employment and a minimum qualification for City employees.

Therefore, all City employees must either establish that they have received either the one dose COVID-19 vaccine regimen or the first dose of the two-dose COVID-19 vaccine regimen by 4:30PM, June 6, 2022,* unless they have submitted a request for a medical, religious, or personal exemption via the process outlined in this policy.* If an employee chooses the two-dose COVID-19 vaccine regimen, they must receive the second dose by 4:30PM, July 8, 2022.

*Employees on an approved leave of absence or Workers’ Compensation leave must report for COVID-19 testing immediately, or as soon as test sites open, upon their return to work and thereafter in accordance with City’s COVID-19 testing protocols and establish that they have received either the
one dose COVID-19 vaccine regimen or the first dose of the two-dose COVID-19 vaccine regimen or submit a request for medical, religious or personal exemption via the process outlined in this policy** within ten (10) business days (Monday – Friday) of their return to work. Employees who have submitted a request for an exemption are required to be tested for COVID-19 once per week in accordance with City’s COVID-19 testing protocols while participating in the interactive (review) process and/or until fully vaccinated. Employees electing to receive a two-dose COVID-19 vaccine regimen must receive the second dose within 30 calendar days of receiving their first dose.

**Employees who have submitted a request for a medical, religious, or personal exemption must continue reporting for mandatory COVID-19 testing once per week until a decision is rendered. Employees who appeal the denial of a request for exemption must continue reporting for mandatory COVID-19 testing once per week until a decision is rendered. Employees whose appeals are denied must submit proof of having received either a one dose COVID-19 vaccine regimen or the first dose of a two-dose COVID-19 vaccine regimen no more than 72 hours after a decision is rendered to the employee. Employees electing to receive a two-dose COVID-19 vaccine regimen must receive the second dose within 30 calendar days of receiving their first dose.

1. Classiﬁed Employees
   a. Classiﬁed employees who fail to meet the requirements set forth in Sections A and B by 4:30 PM, June 6, 2022, will be served a Skelly notice of a proposed, unpaid suspension of up to six-months (182 calendar day suspension for employees on a platoon schedule), which will end when the employee complies with the policy, or at the end of 6 months, whichever comes ﬁrst. Employees on a suspension are responsible for payment of both the employee and employer healthcare contribution(s) if they wish to maintain healthcare beneﬁts.

   b. Skelly meetings will be scheduled as soon as practicable.

   c. If an employee does not comply with the policy after the six-month suspension, the employee will receive a Skelly notice of proposed termination.

   d. Disciplinary action imposed on Classiﬁed employees, including any suspension hours served prior to an employee’s vaccination or
approval of an employee’s request for exemption, are subject to appeal to the Civil Service Commission.

2. Non-Classified Employees
   a. Non-Classified employees who fail to meet the requirements set forth in Sections A and B by 4:30 PM, June 6, 2022, will be served a notice of non-compliance and of an unpaid suspension of up to six-months. Employees on a suspension are responsible for payment of both the employee and employer healthcare contribution(s) if they wish to maintain healthcare benefits.

   b. Non-Classified employees serving a suspension who receive either a one dose COVID-19 vaccine regimen or the first dose of a two-dose COVID-19 vaccine regimen, or submit a request for exemption and are notified their request for exemption is approved, are to notify their Administrative Officer and return to work immediately. Employees are required to comply with section 3., F., Testing and Face Covering Requirement for Accommodated Employees. If an employee chooses the two-dose COVID-19 vaccine regimen, they must receive the second dose within 30 calendar days of receiving their first dose.

   c. If an employee does not comply with the policy after the six-month suspension, the employee will receive a notice of termination effective immediately.

   d. Disciplinary action imposed on Non-Classified employees is final and is not subject to appeal. Any suspension hours served prior to an employee’s vaccination or approval of an employee’s request for exemption are final and will not be restored.
If any provision of this policy is found to be inoperative, void, or invalid by a court of competent jurisdiction, inclusive of completion of any appeals, if any, such provision shall be suspended and superseded by such applicable federal and California laws and final appellate court decisions. All other provisions of this policy shall remain in full force and effect. At the request of either party, the parties agree to meet and confer, where applicable, within thirty (30) calendar days from notice thereof regarding any changes necessitated by the invalidation.

REFERENCES

- California Department of Public Health: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Get-the-Facts-on-Vaccines.aspx.
- Long Beach Health Order as of August 17, 2021.

ATTACHMENTS

(Forms in this policy are subject to change based on business needs and/or ease of process on behalf of employees).

- Group A1 Forms: Medical Accommodation (General Employee) – Vaccines
- Group B1 Forms: Religious Accommodation – Vaccines
- Group C1 Form: Personal Exemption and Payroll Deduction Form
- Medical Vaccine Exemption Approval & Vaccine Exemption Agreement
- Religious Vaccine Exemption Approval & Vaccine Exemption Agreement

APPROVED:

_________________________________________  _______________________
Tom Modica                                      Date
City Manager
ATTACHMENTS

Group A1 Forms
Medical Accommodation – Vaccines
SAMPLE LETTER

Date, 2022

TO: Employee, City of Long Beach
FROM: HR Name, Return to Work Program – City of Long Beach
RE: Letter of Introduction and Request for Clarification on COVID-19 Vaccine Exemption Request – Medical Accommodation - Vaccines

The City of Long Beach would continue the coordination of your Disability Interactive Process to ensure that COVID-19 related reasonable accommodation options are explored to best support you in accordance with Title I of the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).

Under the ADA/FEHA, the City of Long Beach is essentially required by law to do the following:

1. Engage in a timely, good faith interactive process with employees or applicants who are requesting reasonable accommodation(s).
2. Provide reasonable accommodation for employees or applicants who, because of their disability, are limited in or unable to perform one or more of the essential functions of their job unless doing so would impose an undue hardship.

As you are aware, the City of Long Beach is requiring all employees to be vaccinated with a COVID-19 vaccine. You have indicated you are medically precluded from being able to be administered a COVID-19 vaccine due to a personal medical condition. In addition to this, you have indicated you are requesting accommodations related to being unvaccinated. To support this request, we will need additional information.

At this time and before additional decisions can be made in regard to your accommodation request due to a personal medical condition and your inability to be vaccinated, we need additional information from your Health Care Provider. As such, please have your provider complete the attached medical questionnaire form that is enclosed with this letter. Please submit this completed form to my attention no later than 4:30 pm on June 6, 2022. If your provider needs a brief extension to return this questionnaire, please let me know before the deadline so that we can discuss a brief extension. Importantly, please note that we are not asking for any information pertaining to your possible medical condition(s) or treatment plan(s) and therefore we ask that you work with your provider to ensure that this is not provided. We are not asking for protected health information, only a confirmation of your inability to be vaccinated, a listing of any work restrictions or functional
limitations that this inability to get vaccinated causes, and the duration of such. With this information, the City of Long Beach will be able to evaluate your request and explore possible reasonable accommodations with you.

Once we obtain the information from your provider, we will inform you of the next steps of your disability interactive process. Please be advised that if you do not submit the completed questionnaire by the designated date, your interactive process may conclude.

As you review the above, and if you have any questions, please contact the City of Long Beach Return to Work team via CityofLongBeachHR-RTW@longbeach.gov.

Sincerely,

Name, Title

Enc.: Memorandum to Employee’s Health Care Provider – Vaccine Exemption
Supplemental Medical Questionnaire Request – Vaccine Exemption
Employee to Complete:

Name: ________________________________________________________________
Job Title: _________________________________ Dept: _________________________________
Health Care Provider’s Name: ______________________________License #: ___________

Health Care Provider’s Phone #: ______________________________Fax #: ______________

Employee’s Health Care Provider to Complete:

Date, 2022

TO: Employee’s Health Care Provider
FROM: HR Name, Return to Work Program – City of Long Beach
RE: Supplemental Medical Questionnaire Request: Personal Medical Provider

Please allow this memorandum to serve as an introduction. The City of Long Beach is mandating that all employees be fully vaccinated with a COVID-19 vaccine. In response to this notification of mandate, your patient informed the City of Long Beach, that they are medically unable to receive the COVID-19 vaccine(s) and is requesting a medical exemption due to this inability to receive the vaccine(s).

The City of Long Beach has implemented the following safety protocols for all of its employees working in City buildings/facilities: all locations are following current CDC guidelines for cleaning and disinfecting, high availability of sanitizers and personal protective equipment, face masks will continue to be required indoors for all employees regardless of vaccination status, appropriate distancing and barriers are provided in alignment with current Cal/OSHA and California Department of Public Health (CDPH) standards.

As such, and in response to your patient’s request for a vaccine exemption, we need your assistance to continue to evaluate their request.
Group A1 Forms
Medical Accommodation- Vaccines Form Letter - SAMPLE (continued)

To this end, and to support your patient’s request for a COVID-19 related accommodation, please review and complete the attached supplemental medical questionnaire by 4:30pm, June 6, 2022. The completed questionnaire can be returned via fax at (562) 570-5107 or via email at CityofLongBeachHR-RTW@longbeach.gov. Please note that as part of this process, we are only seeking confirmation of the employee’s medical inability to be vaccinated, the duration of such, and if they can be in the physical workplace unvaccinated. Please do not provide any information pertaining to a medical condition, diagnosis, or treatment. We are not requesting, nor can we receive, private or protected medical information on your patient.

The authority that allows us to request and receive the information being requested in the attached questionnaire are the following two California Laws:

- **California Confidentiality of Medical Information Act** (CA Civil Code Sec. 56.10.8(b)): The City of Long Beach can receive information from a Health Care Provider that:
  - “(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient’s fitness to perform their present employment, provided that no statement of medical cause is included in the information disclosed.”

- **California Code of Regulations** (CCR) (tit 2 § 11069(d)): Your patient must:
  - “The applicant or employee shall cooperate in good faith with the employer or other covered entity, including providing reasonable medical documentation where the disability or the need for accommodation is not obvious and is requested by the employer or other covered entity…”

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact the City of Long Beach Return to Work team directly at CityofLongBeachHR-RTW@longbeach.gov, and once again, please submit the completed questionnaire no later than 4:30 p.m. on June 6, 2022, via email at XXX, or via fax at XXX.

Sincerely,

Name
Title

Enc.: Supplemental Medical Questionnaire Request – Vaccine Exemption
Group A1 Forms
Medical Accommodation– Vaccines - Supplemental Medical Questionnaire - SAMPLE

Patient Name:

SUPPLEMENTAL MEDICAL QUESTIONNAIRE

I have reviewed the Supplemental Questionnaire Memorandum for the above-named patient and can provide the following clarification:

(Check boxes and insert text as appropriate)

1. Is your patient medically restricted from receiving the COVID-19 vaccines?

☐ NO, my patient is not medically restricted from receiving the COVID-19 vaccines (please skip to the end of this questionnaire and sign and date)

☐ YES, my patient is medically restricted from receiving the COVID-19 vaccines. Please explain:

a. What is the duration of the restriction from being administered a COVID-19 vaccine?

☐ PERMANENT, it is not medically expected that my patient will ever be able to receive a COVID-19 vaccine.

☐ TEMPORARY, it is anticipated that my patient will be cleared to receive a COVID-19 vaccine on or about ______________ (date)

☐ UNKNOWN, I am unable to comment on my patient’s ability to be administered a COVID-19 vaccine in the future.

2. PHYSICAL WORKPLACE ACCOMMODATION: If you have indicated that your patient CANNOT be administered a COVID-19 vaccination, would the following be sufficient to support them to return to work in the physical workplace, safely and as an unvaccinated worker:

- All workplace safety requirements per the CDC, Cal/OSHA, and California Department of Public Health (CDPH)
- Face coverings are required for all staff – regardless of vaccination status
- Hand sanitizer stations are set up throughout the buildings
- Restrooms are regularly cleaned
- Additional PPE equipment allowed and/or can be provided as needed (e.g. face shield, gloves, additional social distancing and/or barriers installed, N-95 masks, etc.)
a. Are the above measures sufficient to support your patient to work in the physical workplace, unvaccinated?

☐ YES, my unvaccinated patient can return to the physical workplace with the above safety measures in place and ☐ without additional PPE equipment OR ☐ With the following additional PPE equipment made available to my patient:

___________________________________________________________________________

___________________________________________________________________________

☐ NO, the above measures are insufficient to protect the health and safety of my unvaccinated patient in the physical workplace. My patient has the following work restrictions/limitations that I don’t believe can be accommodated in the physical workplace. (please be specific)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Group A1 Forms
Medical Accommodation– Vaccines - Supplemental Medical Questionnaire (continued)-SAMPLE

Patient Name: ____________________________________________________________

SUPPLEMENTAL MEDICAL QUESTIONNAIRE
3. DURATION OF RESTRICTIONS / ACCOMMODATIONS: If you have listed work restrictions / functional limitations for your unvaccinated patient, how long do you anticipate that these work restrictions / functional limitations will be in place?
   - [ ] Work Restrictions / Functional Limitations are TEMPORARY through [date]
   - [ ] Work Restrictions / Functional Limitations are PERMANENT
   - [ ] Work Restrictions / Functional Limitations are for an UNKNOWN duration for the following reason(s) (please explain why you cannot estimate the duration):

________________________________________________________________________

4. ADDITIONAL RESTRICTIONS / CLARIFICATIONS: Please use the space below to include any additional information that you believe would be helpful to the interactive process for this employee. Please do not list any information pertaining to medical conditions or diagnosis.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Health Care Provider’s Original Signature __________________________________  Date ________________

Health Care Provider’s Name Printed _______________________________ License Number
Group B1 Forms: Religious Accommodations – Vaccines

Request for Accommodation for Sincerely Held Religious Belief - SAMPLE LETTER

Date, 2022

TO: Employee of the City of Long Beach
FROM: Rebecca Wicks, Shaw HR Consulting, on behalf of the City of Long Beach
RE: Letter of Introduction and Request for Verification on COVID-19 Vaccine Exemption Request

Please allow this letter to serve as an introduction. My name is Rebecca Wicks and I am a third-party consultant providing compliance services to employers and employees in California. Your employer, the City of Long Beach has hired Shaw HR Consulting to ensure that COVID-19 related accommodation options are explored to best support you.

To support your request for a COVID-related accommodation for a vaccine exemption due to a sincerely held religious belief, we will need additional information. Your employer is committed to supporting their employees to be able to safely and fully perform the essential functions of their positions, in accordance with appropriate safety protocols to limit the spread of the pandemic among its workforce as well as the community.

At this time and before additional decisions can be made regarding your accommodation request, we need additional information from you. As such, please complete the attached Religious Accommodation Verification Form that is enclosed with this letter. Please submit this completed form to my attention no later than June 6, 2022.

Once the Religious Accommodation Verification Form is received back, you will be notified of the next steps of your interactive process. Please be advised that if you do not submit the completed form by the designated date, your interactive process may conclude. As you review the above, please do not hesitate to contact me with any questions you may have. I can be reached at CityofLB@shawhrconsulting.com.

Sincerely,

Rebecca Wicks, Senior Consultant
Human Resources & Disability Compliance
Shaw HR Consulting, Inc.

Enc.: Religious Accommodation Verification Form
Printed Name: ________________________________________________________________
Department: __________________________________________________________________

Do you have a sincerely held religious belief, practice, or observance that conflicts with your ability to receive a COVID-19 vaccination?

[ ] Yes
[ ] No

Please describe how your sincerely held religious belief(s), practice(s), or observance(s) conflict(s) with the requirement that you receive a COVID-19 vaccination:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

______ (initial) I understand, submitting this verification form is not a guarantee of approval. The City of Long Beach will consider my preferred accommodation and other possible accommodations that would resolve the conflict between my religious belief(s), practice(s), or observance(s) and will select and implement the accommodation that it deems effective.

My signature below indicates that the information I have provided in this form accurately reflects my sincerely held religious belief(s), practice(s), or observance(s) and its conflict with my ability to receive a COVID-19 vaccination. I also understand that in evaluating my request for an accommodation, The City of Long Beach may not grant my request if it creates an undue hardship on the conduct of the City of Long Beach’s business.

_________________________________________ ______________________________
Employee’s Signature Date

RETURN A COPY OF THIS FORM TO:

XXXX
Medical Vaccine Exemption Approval & Vaccine Exemption Agreement

Sample Letter

DATE, 2022

TO: Employee Name
FROM: HR Name, Return to Work Program - City of Long Beach
RE: Disability Interactive Process Update: COVID-19 Medical Vaccine Exemption Approval & Vaccine Exemption Agreement

Please allow this letter to serve as an update to your Disability Interactive Process. As you are aware, you requested an exemption from the City of Long Beach’s COVID-19 Vaccination Policy which requires all City employees to comply with the policy to be fully vaccinated with a COVID-19 vaccine.

To support your request for a COVID-related accommodation for a vaccine exemption due to your personal medical condition, it was determined additional information was needed from your Health Care Provider. As such a medical questionnaire was sent to you for your provider’s review and completion.

We are in receipt of a completed questionnaire in which your provider confirmed you are medically unable to be administered a COVID-19 vaccine and confirmed it is safe for you to be in the workplace unvaccinated. As such, the City of Long Beach has approved your medical exemption and approved your presence in the workplace unvaccinated with the provision that you will be required to continue to wear an approved face covering until such time the City of Long Beach determines unvaccinated employees may remove face coverings. In addition to this, you will be subject to COVID-19 testing and/or other safety measures as required by the City of Long Beach.

To memorialize the accommodation to work in the workplace, unvaccinated and in accordance with the above provisions, please review, sign and return the attached Vaccine Exemption Accommodations Agreement.

If you have any questions, please contact CityofLongBeachHR-RTW@longbeach.gov. We look forward to getting your signed agreement back, via DocuSign no later than DATE.

Enc.: Vaccine Exemption Accommodations Agreement – Medical
Please check the appropriate box below and sign by Date via DocuSign.

☐ I, agree I am able be at work, working safely and fully unvaccinated as I am unable to medically receive a COVID-19 vaccine. I understand by signing this Agreement I will:

- Wear an approved face covering in the workplace until such time the City of Long Beach determines unvaccinated employees may remove face coverings, and
- Submit to COVID-19 required testing as determined necessary by the City of Long Beach
- Submit to other safety measures as determined necessary by the City of Long Beach

I also agree I will notify my supervisor immediately if my ability to receive a COVID-19 vaccine changes or if I require different or additional workplace accommodations. The City of Long Beach and myself both understand the interactive process is an ongoing obligation and should I need this process in the future, it will be restarted.

☐ I do not agree with the above. (Please provide any clarification and/or corrections to the above to assist the parties to understand how best to support you going forward in this disability interactive process.)

[fill in section]

______________________________________________  ________________________  
Employee’s Signature  Date

______________________________________________  ________________________  
HR Signature  Date
DATE, 2022

TO:       Employee Name
FROM:     HR Name, Return to Work - City of Long Beach
RE:       Interactive Process Update: COVID-19 Religious Belief Vaccine Exemption Approval & Vaccine Exemption Agreement

Please allow this letter to serve as an update to your Interactive Process. As you are aware, you requested an exemption from the City of Long Beach’s COVID-19 Vaccination Policy which requires all City employees to comply with the policy to be fully vaccinated with a COVID-19 vaccine.

To support your request for a COVID-related accommodation for a vaccine exemption due to your sincerely held religious belief or practice, it was determined additional information was needed. As such a questionnaire was sent to you for your review and completion.

We are in receipt of a completed Religious Verification Form in which you confirmed your inability to be administered a COVID-19 vaccine due to a sincerely held religious belief or practice. As such, the City of Long Beach has approved your religious exemption and approved your presence at work unvaccinated with the provision that you will be required to continue to wear an approved face covering until such time the City of Long Beach determines unvaccinated employees may remove face coverings. In addition to this, you will be subject to COVID-19 testing and/or other safety measures as required by the City of Long Beach.

To memorialize the accommodation to work in the workplace, unvaccinated and in accordance with the above provisions, please review, sign and return the attached Vaccine Exemption Accommodations Agreement.

If you have any questions, please contact CityofLB@shawrconsulting.com. We look forward to getting your signed agreement back, via DocuSign no later than DATE.

Enc.: Vaccine Exemption Accommodations Agreement – Religious
Please check the appropriate box below and sign by Date via DocuSign.

☐ I, agree I am able to at work, working safely and fully unvaccinated as I am unable to receive a COVID-19 vaccine due to my sincerely held religious belief or practice. I understand by signing this Agreement I will:

- Wear an approved face covering in the workplace until such time the City of Long Beach determines unvaccinated employees may remove face coverings, and
- Submit to COVID-19 required testing as determined necessary by the City of Long Beach
- Submit to other safety measures as determined necessary by the City of Long Beach

I also agree I will notify my supervisor immediately if I have any concerns going forward with my ability to adhere to the above conditions of this agreement or if I become concerned that the conditions are not sufficient to provide me with a safe work environment.

☐ I do not agree with the above. (Please provide any clarification and/or corrections to the above to assist the parties to understand how best to support you going forward in this disability interactive process.)

[fill in]

______________________________________________  _______________________
Employee’s Signature  Date

______________________________________________  _______________________
HR Signature  Date
Group C1 Forms: Personal Exemption – Vaccines

CITY OF LONG BEACH
PERSONAL EXEMPTION FOR COVID-19 VACCINATION REQUIREMENT AGREEMENT
Please check the appropriate box below and sign by Date via DocuSign.

☐ I am requesting a Personal Exemption for the COVID-19 vaccination requirement. I do not qualify for a medical or religious exemption but based on personal reasons (i.e., beliefs not related to religion, etc.), I am not able to get vaccinated. I understand by signing this Agreement I will:

• Wear an approved face covering in the workplace until such time the City of Long Beach determines unvaccinated employees may remove face coverings.
• Submit to COVID-19 required testing as determined necessary by the City of Long Beach.
• Sign and return the COLB Payroll Deduction Authorization Form for Mandatory COVID-19 Testing.
• Agree to pay the cost of COVID-19 testing and authorize bi-weekly Mandatory COVID-19 Testing payroll deductions as an after-tax deduction.
• Submit to other safety measures as determined necessary by the City of Long Beach.

The mandatory COVID-19 vaccination deduction from my paycheck will be effective on the first day of the following pay period. If I decide to receive the vaccination, I must submit another Payroll Deduction Authorization Form to cancel the payroll deduction.

The COLB Payroll Deduction Authorization Form must be signed and completed upon submission of the Personal Exemption for COVID-19 Vaccination Requirement Agreement. Failure to complete both forms may result in disciplinary action.

_________________________________________  ___________________________
Employee’s Name (please print)  Department

_________________________________________
Employee’s Signature

_________________________________________
HR Signature

_________________________________________
Date  ___________________________
Date
### Payroll Deduction Authorization

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<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>PRINT LEGIBLY OR TYPE</th>
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**EFFECTIVE AS OF CHECK DATE:**
- NEW DEDUCTION ☐
- CHANGE DEDUCTION ☐
- CANCEL DEDUCTION ☐

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<th>CODE</th>
<th>TYPE</th>
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<td>050</td>
<td>IAM - Dues</td>
<td>T ☐</td>
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<td>United Way</td>
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<td>IBEW – FT Dues</td>
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<td>IBEW – PT Dues</td>
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<td>Engineer Dues FT</td>
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<td>F T ☐</td>
<td>092</td>
<td>P.D Management Dues</td>
<td>F ☐</td>
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</table>
I hereby authorize the Department of Financial Management to make the above-indicated payroll deductions in the amounts and on the pay date specified from salary or wages earned and due to me. I understand such deductions will be paid to the appropriate agent duly designated by the City and such deductions shall continue until I otherwise notify the Department of Financial Management in writing. Adjustments may be made to increase or decrease the amounts specified for deductions identified above by the City's Coding System, provided that the method, manner and amount of each such adjustments is in full compliance with the applicable laws or administrative rules and regulations of the City. I further understand that any deductions for medical/dental care, allowable by law, will be deducted on a pre-tax basis. I hereby release the City of Long Beach, its officers, agents and employees from any and all responsibility for any loss, expenses, damages, or claims of any kind resulting from or in connection with the deductions or payments authorized.

DEPARTMENT/DIVISION NAME | EMPLOYEE SIGNATURE | DATE
--- | --- | ---

## City of Long Beach Employee Proof of COVID-19 Vaccination Metrics

<table>
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<tr>
<th>Department</th>
<th>Fully Vaccinated</th>
<th>Total number of eligible employees***</th>
<th>% of total employees fully vaccinated (Proof)</th>
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<td>City Attorney</td>
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<tr>
<td>City Manager</td>
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<td>71</td>
<td>99%</td>
</tr>
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<td><strong>6047</strong></td>
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*Represents both civilian and sworn Fire employees. Sworn Fire employees are 72% vaccinated.

**Represents both civilian and sworn Police employees. Sworn Police employees are 61% vaccinated.

***241 seasonal and inactive employees have been removed from the total number of employees column

Log updated 8:00AM 5/21/22