CITY OF LONG BEACH

PERSONNEL POLICIES + PROCEDURES

Policy 9.0	Mandatory COVID-19 Vaccination Policy
	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 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 the form, please contact the Department of Human Resources-Return to Work Division for more information.

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.

- Employees requiring testing for this purpose will be provided up to one hour of paid City time for each test. Time off must be coordinated in advance with their supervisor.

- Free testing at the designated City site is available from Monday through Friday 7:00am - 6:00pm.

- Employees who are on leave (vacation, personal/executive, sick) in excess of one week or those employees whose work weeks are more than a week apart must submit their test results at the start of their next onsite work shift.

  The City of Long Beach will exclude any employee from entering the workplace who receives a positive COVID-19 test of any kind and affected employees will contact Occupational Health for more information. If an employee has a positive rapid antigen test result, the City of Long Beach will require the employee to undergo a viral diagnostic COVID-19 test (PCR) immediately to confirm.

All unvaccinated employees who are granted an exemption accommodation must wear a face covering (e.g., surgical mask) at all times while on the City of Long Beach premises and/or the workplace. Cloth face coverings are not compliant. The City has a zero-tolerance for employees not completing required testing once a week and not always wearing a surgical mask while indoors, in a car with others, or in any other indoor space when not directly eating or drinking or in a room where no others are present. Violations are subject to discipline, including termination.

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 Antigen/PCR test) and can complete the testing during City time. For administrative ease, 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

- United States Center for Disease Control: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html.
- 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.
- EEOC guidelines and FAQs: https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws

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
City Manager

Date

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

Group A1 Forms
Medical Accommodation: Vaccines - Form Letter – SAMPLE

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.)

Group A1 Forms
Medical Accommodation Form - Vaccines (continued) – SAMPLE

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 and **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

Group B1 Forms: Religious Accommodations - Vaccines

CITY OF LONG BEACH

RELIGIOUS ACCOMMODATION VERIFICATION FORM FOR COVID-19 VACCINATION (continued)

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

CITY OF LONG BEACH
DISABILITY INTERACTIVE PROCESS:
VACCINE EXEMPTION ACCOMMODATION AGREEMENT – MEDICAL (continued)

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

Religious Vaccine Exemption Approval & Vaccine Exemption Agreement
Sample Letter

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@shawhrconsulting.com. We look forward to getting your signed agreement back, via DocuSign no later than DATE.

Enc.: Vaccine Exemption Accommodations Agreement – Religious

CITY OF LONG BEACH
INTERACTIVE PROCESS:
VACCINE EXEMPTION ACCOMMODATIONS AGREEMENT – RELIGIOUS (continued)

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

CITY OF LONG BEACH

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	Date
HR Signature	Date

CITY OF LONG BEACH

Payroll Deduction Authorization

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS):	MDI	NAME (LAST, FIRST, MIDDLE INITIAL) PRINT LEGIBLY OR TYPE

EFFECTIVE AS OF CHECK DATE: NEW DEDUCTION ☐ CHANGE DEDUCTION ☐ CANCEL DEDUCTION ☐

CODE	TYPE	AMOUNT	CODE	TYPE	AMOUNT
060	City Credit Union – Each Pay Period	F .	050	IAM - Dues	T ☐
061	City Credit Union – 1st Pay Period	F .	049	IAM PT Dues	T ☐
062	City Credit Union – 2nd Pay Period	F .	055	IAM Supplemental	F .
065	Firefighter's Credit Union – Each Pay Period	F .			
080	United Way	F .	063	IBEW – FT Dues	T ☐
081	Community Health Charities	F .	064	IBEW – PT Dues	T ☐
082	LB Community Foundation	F .			
085	Brotherhood Crusade	F .	091	Engineer Dues FT	T ☐
105	Public Corps for Arts	F .	096	Engineer Dues PT	T ☐
110	Mandatory COVID-19 Testing	F .			
097	ALBE Dues	T ☐	051	Fire Dues	T ☐
095	ALBE Supplemental	F .	054	Firefighter Benefit Fund	T .
098	SEIU Dues	T ☐	056	Fire Supplemental	F .
099	SEIU Supplemental	F .	090	Fire Insurance	T ☐
			053	Lifeguard Dues	F .
052	POA Dues	T ☐	059	Management Dues	T ☐
057	POA Supplemental	F .	092	P.D Management Dues	F .

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**

Distribution: Original-Central Payroll 766-332 (05-19-2017) REVISED 7/1/2019

FAQ – Revised Mandatory Vaccine Policy

As of May 19, 2022

Testing

1. **Do employees need to test at the City site or do they have the option to do a Rapid/PCR test on their own (home test, doctor, urgent care, etc.)?**

a. No. Employees must test at the City's designated employee testing center in order for us to monitor and track those who need to get tested once a week per the religious, medical, or personal exemption.

2. **With free testing available at many locations that report to the State database, can employees utilize these test resources as long as they are available instead of paying for the test via payroll deduction?**

a. No. Employees who choose the personal exemption option, must test at the City's designated employee testing center in order for us to monitor and track those who need to get tested.

3. **Can employees bring proof of a negative COVID test from sources that are paid for through their insurance?**

a. No. Employees must test at the City's designated employee testing center in order for us to monitor and track those who need to get tested via the religious, medical, or personal exemption.

4. **On testing, who oversees the process, Occupational Health or the Department the employee is in?**

a. City Safety will work with Departments to oversee the testing process, to monitor, and to track those who need to get tested once a week per the religious, medical, or personal exemption.

5. **What are the testing options?**

a. Rapid antigen or PCR tests are the two (2) test options available at the City's designated employee testing center. If a rapid antigen test is completed and results are positive, a PCR test is administered to confirm the results. A second test may also be needed if the first test was inconclusive or there was an inadequate specimen from the first test.

6. **Can an employee elect for Rapid testing only so the payroll deduction amount could be less than $107.98?**

a. No. Employees electing for a personal exemption will be charged a flat fee regardless if they take one test or both (Rapid and PCR) tests during a work week.

7. **How much is the Mandatory COVID-19 testing cost and how often will I have to pay?**

a. The Mandatory COVID-19 testing cost is $107.98 and will appear as a biweekly payroll deduction.

8. **How long will this policy be in effect?**

a. This policy will be in effect beginning June 6, 2022 and remain in place for the foreseeable future. The employee will need to test indefinitely unless they receive the full dose of the COVID-19 vaccine or there is a change by the local Health Officer.

9. **Will employees covered by an approved Religious or Medical exemption be required to pay for testing?**

a. No. For employees with a religious or medical exemption, they will need to test once a week but the City will cover the cost of testing and they can complete the testing during City time. Those who are covered under a personal exemption will need to pay for COVID-19 weekly testing, via biweekly payroll deduction, but can complete the testing during City time.

10. **Could there be changes to the cost for testing?**

a. It is possible there could be changes to the amount.

FAQ – Revised Mandatory Vaccine Policy

Vaccination

11. Are boosters required? With employees that got vaccinated last year, do we anticipate they will be required to get another round of shots this year or years to come?

a. Boosters are not required at this time; If a booster is required, the City will notify the Labor Associations and engage in the meet and confer process.

12. Can benchmarks be established that reduce the testing frequency?

a. The City's HR Safety Team and Health Department are monitoring the COVID-19 pandemic and its trends related to testing and vaccines. Since information related to the COVID-19 pandemic changes so frequently (i.e., a new variant), it is too soon to establish a benchmark for ending or reducing testing.

Consequences of Non – Compliance

13. If suspended for 6 months, how does that affect their benefits?

a. The employee will be eligible for benefits but would be responsible for the fully loaded costs (employer and employee portion). The City would setup an account to directly bill the employee for the benefit costs through a third-party administrator.

Administration/Payroll

14. What is the deadline for verification of Vaccination Compliance?

a. The deadline is June 6, 2022. All employees must:
   i. Provide proof they have received the one dose COVID-19 vaccine regimen or the first dose of the two-dose regimen; OR
   ii. Submit a request for Medical or Religious Exemption/Accommodation via https://www.shawhrconsulting.com/CityofLongBeach; OR
   iii. Submit a request for a Personal Exemption via email to CityofLongBeachHR-RTW@longbeach.gov.
      1. A completed request for a Personal Exemption includes the Personal Exemption Form AND the Payroll Authorization Deduction form. Departmental staff may need to make themselves available to assist employees with the Personal Exemption forms. Also, incomplete Personal Exemption Forms will not be processed and returned to Departments.

15. What is the new deduction code for the Mandatory COVID-19 Testing fee?

a. The deduction code is in process but the deduction code name will be "C19TestFee"

16. **How will testing work for employees on vacation?**

a. Testing will not be required for employees on vacation. However, payroll deductions will continue for an employee taking paid time off (i.e., VA, IH, HL, etc…). Employees will not be allowed to turn off their payroll deductions while on vacation.

17. **If an employee has an intermittent schedule, (i.e., an employee has hours on week one and no hours on week two) would a deduction on their paycheck occur on hours worked for that week?**

a. The deduction will occur if the employee has paid time during the pay period.

18. For employees not working regular schedules and only getting tested during weeks in which they work, will the payroll deduction need to be turned on and off each time they test if that is how they are paying for it?

a. The deduction code remains on, and deductions are made when an employee has hours worked/earnings within a pay period. If the employee does not have earnings, no deductions will be made.

FAQ – Revised Mandatory Vaccine Policy

Administration/Payroll (continued)

19. If an employee decides to receive the vaccine, what is the process for turning off the payroll deductions and how long will it take for the deductions to stop?

a. In accordance to the Personal Exemption for COVID-19 Vaccination Requirement Agreement, employees are responsible for submitting a new Payroll Deduction Authorization Form to cancel the payroll deduction.
   i. Here are the steps an employee must complete to turn off the payroll deduction for the Mandatory COVID-19 program.
      1. Upload proof that they have received either the one-dose COVID-19 vaccine regimen or both doses of the two-dose COVID-19 vaccine onto the VEOCI website at:https://veoci.com/v/p/171073/workflow/esqkxtk392p7
      2. Sign and email the Payroll Deduction Authorization form to CityofLongBeachHR-RTW@longbeach.gov to cancel the deduction.
      3. The Payroll Deduction will cease depending on when the completed forms are received by HR/Central Payroll.
         a. Payroll Deduction Authorization forms turned into Central Payroll after the cut off date will be processed for the subsequent pay period. **Please refer to the Deduction Schedule Due Date 2022 chart for these deadlines.**

20. What if an employee completes their vaccination in a middle of a pay period, can they just pay a portion of the Mandatory COVID-19 Testing deduction?

a. No. Employees must complete the full series of the COVID-19 vaccine and follow the steps laid out in Question #19.

21. If I am partially vaccinated, do I still need to go for weekly testing and pay the Mandatory COVID-19 Testing deduction?

a. Yes. Partially vaccinated employees will still need to go to weekly testing and pay for the deduction, until they are fully vaccinated and follow the steps laid out in Question #19.

22. What if an employee with a personal exemption is on an unpaid, authorized leave, will there be a deduction?

a. No. There will be no deduction for the Mandatory COVID-19 testing because the employee does not have a paycheck and the City will not seek arrears for this deduction.

23. What if an employee with a personal exemption is on a paid, authorized leave, will there be a payroll deduction?

a. No. Employees off-work on a paid, authorized leave (FMLA/CFRA/PDL/PPL/etc.) are not required to report for mandatory weekly testing; therefore, are not subject to the Mandatory COVID-19 testing fee. Departments must submit a Payroll Deduction Authorization Form to Human Resources to suspend and resume the Mandatory COVID-19 testing fee.

24. **What if an employee (intermittent, part-time, non-career) does not work enough hours in the pay period to cover the Mandatory COVID-19 testing fee? How will this be managed?**

a. The City will deduct as much as they can for the Mandatory COVID-19 testing fee for that pay period.

25. Will the City retroactively collect payments in situations when the employee's deduction was missed? (i.e. due to clerical error).

a. The City will not go back and collect arrears for a previous pay period/time correction.

R:\Labor Relations\COVID-19 Vaccines\Mandated Vaccinations\Citywide employees\FAQ Mandatory Vaccine