



DECATUR PUBLIC LIBRARY

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BOARD OF TRUSTEES

Personnel, Policy, and Public Relations Committee

AGENDA

Thursday, September 2, 2021

4:30 p.m.

Board Room

- I. Call to Order – Kate Wrigley
- II. Approval of agenda (Action)
- III. Minutes of August 5, 2021 meeting (Action)
- IV. **Public comments** – – 15-minute time period for citizens to appear and express their views before the Decatur Public Library Board. Limit of 3 minutes per speaker; total of 15 minutes. No immediate response will be given by the Library Trustees or Library staff members.
- V. Written Communications from the Public
- VI. New Business
 1. Personnel Update (Discussion)
 2. Other (Discussion)
- VII. Old Business
 1. Diversity, Equity, Inclusion (Discussion)
 2. Remote Work Policy (Action)
 3. Asset Disposition Policy (Action)
 4. Circulation Policy (Action)
 5. COVID-19 Vaccination Policy (Action)
 6. Other (Discussion)
- VIII. Adjournment

If you have questions please contact:

Rick Meyer, City Librarian

421-9713 rmeyer@decaturlibrary.org



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DECATUR PUBLIC LIBRARY BOARD OF TRUSTEES Personnel, Policy and Public Relations Minutes

Date: August 5, 2021

Time: 4:30 p.m.

Location: Decatur Public Library Board Room

Board President: Samantha Carroll **Board Members:** Sofia Xethalis, Gregg Zientara, Michael Sexton, Susan Avery, Karl Coleman, Kathleen Wrigley

Present:

Samantha Carroll

Karl Coleman

Susan Avery

Absent:

Michael Sexton

Kathleen Wrigley

Staff: Rick Meyer, City Librarian

Michelle Whitehead, Administrative Secretary

Guests: None

Call to Order:

Ms. Carroll called the meeting to order at 4:40 p.m.

Public comments: 15-minute time period for citizens to appear and express their views before the Decatur Public Library Board. Limit of 3 minutes per speaker; total of 15 minutes. No immediate response will be given by the Library Trustees or Library staff members.

Agenda- Ms. Carroll requested a motion to approve the agenda. Ms. Avery made the motion to approve the agenda, seconded by Mr. Coleman. The motion was adopted.

Minutes of April 1, 2021 Ms. Carroll requested a motion to approve the July 1, 2021 minutes. Mr. Coleman made the motion to approve the July 1, 2021 minutes, seconded by Ms. Avery. The motion was adopted.

Public comments: Mr. Meyer received a few emails and shared the thoughts that were expressed. Each email relayed the patron's disappointment about the Library's mask

requirement, and one expressed that they were glad about it.

Written Communications from the Public: None

New Business

Personnel Update (Discussion) Mr. Meyer reported that Robert Edwards last day was Friday, July 30, 2021. Carol Ziese has taken over as interim Circulation division head along with her Technical Service division head responsibilities. She will receive a temporary increase in pay while taking on this role. We have a ½ time page position that is open and it is being held for further assessment.

Old Business

Diversity, Equity, and Inclusion (Discussion)

Ms. Carroll stated the Library does not have a consultant at this point, pending additional information.

FMLA Leave Expansion and Emergency paid Sick Leave (Action) Mr. Meyer feels the Library should extend the FMLA Leave Expansion and Emergency paid Sick Leave policy to the end of the year and take a look at it again in January of 2022. Ms. Avery recommended we present this to the full Board, seconded by Mr. Coleman. The motion was adopted.

Remote Work Policy (Action) There was a discussion about the flexibility that remote work provides and how it would affect morale. This topic will be tabled and reviewed again next month. Motion to table by Ms. Avery, seconded by Mr. Coleman. Motion was adopted.

Asset Disposition Policy (Action) Mr. Coleman suggested that after offering items to other libraries, any items remaining would then be offered to the community for a fair price or free. Any items remaining that can be recycled will be, even if there is a service fee. This discussion will be tabled until next month. Motion made to table the discussion by Mr. Coleman, seconded by Ms. Avery. The motion was adopted.

Gates Lab Policy (Action)

The Bill and Melinda Gates Lab name will be reduced to The Gates Lab. Ms. Avery made a motion the name change be recommended to the full Board, seconded by Mr. Coleman. The motion was adopted.

Other (Discussion)

Mr. Meyer exchanged emails with Mayor Moore Wolfe and Macon County Health Department regarding our current mask requirement. Additional mandates have not been issued regarding social distancing or shutting off water fountains. Mr. Coleman suggested offering a DPL mask.

Ms. Carroll made the group aware that a prospective board member spoke about having more community involvement. She felt this was a positive idea to promote the Library at other community venues to bring more focus to the library. Suggested audiences include Rotary, Golden K, and the City Council meetings.

Adjournment

Ms. Carroll requested a motion for adjournment at 5:58 p.m. Mr. Coleman made the motion, seconded by Ms. Avery. The motion was adopted.

Scribe,
Michelle Whitehead Administrative Secretary

Draft 8/5/21

Remote Work Policy

Policy brief & purpose

Decatur Public Library's **remote work policy is designed** to make sure that working from home is beneficial to our employees and library.

Scope

Employees are allowed to work from home only if their job duties permit it. For example, people who are obliged to come in direct physical contact with customers are not eligible to telecommute under this policy. But, employees who carry out most of their work on a computer can occasionally work off-site.

Policy elements

Employees work from home or telecommute when they complete their work at a place located outside of our company's premises. They may work from home:

- When experiencing mild but potentially contagious illness.
- Other medical issues.
- Temporary childcare issues.
- Temporary transportation issues
- Other emergencies

Work from home arrangements can be made no more than 12 working days per calendar year.

Other reasons for working from home depend on employees and managers' judgement.

How to determine whether an employee can work from home

We advise both employees and managers to consider these elements before asking/approving work from home:

Requesting Work from Home Procedure

When employees plan to work from home, this procedure must be followed:

- If the work from home arrangement spans for more than a week, managers and team members should meet to discuss details and set specific goals, schedules and deadlines.

Employees who need to work from home for unforeseen reasons should file their request as soon as possible, so managers can consider and approve it.

Compensation and benefits

Usually, work from home arrangements don't affect employees' employment terms. If working from home has any effect on compensation and benefits, then HR is responsible to create a new contract.

Decatur Public Library

Asset Disposition

The Decatur Public Library Board of Trustees approves the disposal of library surplus or unwanted property as permitted under Illinois statutes including, but not limited to 75 ILCS 5/4-16, and according to the following procedures:

1. Only property having a monetary value need be declared as surplus or unwanted. Property that is obsolete or broken and has no useful value may be disposed of without notice.
2. Print and non-print materials: The City Librarian is authorized to donate to the Friends of the Library all materials that are withdrawn from the collection, per the Collection Development Policy. The Friends of the Library is a tax-exempt, non-profit organization that, among other things, raises funds for Library purposes.
3. The City Librarian is authorized to sell or dispose of any library materials, including, but not limited to furniture, equipment, etc. that the City Librarian, in his or her sole discretion, reasonably believes has with an estimated unit value of \$1,000.00 or less. The method of disposal shall be one that efficiently and effectively provides the library with the greatest monetary return.
4. Property of any value may be donated or be sold to any other tax-supported library or to any library system operating under the provisions of the Illinois Library System Act under such terms or conditions as the City Librarian may determine, subject to Board approval if the unit value exceeds \$1,000.00.
5. After #4 above has been attempted but the property remains unwanted, the Library will make such offer to local community organizations.
6. The Decatur Public Library Board of Trustees may authorize public sale of materials, furniture and equipment with an estimated unit value of \$1,000.00 or more but less than \$2,500.00. These items shall be displayed at the Library and a public notice of the property's availability and the date and terms of the proposed sale shall be posted.
7. In all cases not governed by Subsections 1-5 above, the Board shall publish notice of the availability and location of the real or personal property to be sold or disposed of and the date and terms of the proposed sale, giving such notice once each week for 2 successive weeks in a local newspaper. On the day of a sale conducted pursuant to the provisions of this Section the board shall proceed with the sale and may sell such property for a price determined by the board, or, to the highest bidder. Where the board deems the bids inadequate, it may reject such bids and re-advertise the sale.
8. With regard to any bid place for property to be disposed of by the Library as set forth above, bids made by or on behalf of any member of the Board or their immediate families or any Decatur Public Library employee or their immediate families shall be treated in the same manner and given the same consideration without favoritism as bids from all other persons or entities. No such persons shall participate in the sale unless through public sale or sealed bids.
9. The forgoing sections 1-7 shall be construed and carried forth consistent with the provisions of the Illinois Local Library Act (75 ILCS 5/4-16). In the event of any conflict between the statute and this Policy, the statute shall control.

Approved by Decatur Public Library Board of Trustees

November 17, 2016



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CIRCULATION POLICY

CIRCULATION OF LIBRARY MATERIALS

In order to borrow materials from the Decatur Public Library patrons must have a library card from the Decatur Public Library, or any library in the Illinois Heartland Library SHARE System. Likewise, Decatur Public Library cards may be used at any library in the Illinois Heartland Library SHARE System.

A Decatur Public Library's card is free for anyone who pays property taxes in the City of Decatur. Decatur Public Library cards are non-transferable. Each patron (or in the case of a minor child – the parent) is responsible for all materials checked out on their card. Decatur Public Library cards do not expire, however there is an address check every 3 years. If a cardholder moves from the Decatur Public Library service area, the card will be cancelled. Cards that are unused for more than three years will be cancelled. If a patron card has been removed from the system, the patron must go through the application process again, in order to have library privileges reinstated.

Apply for a Library Card

To apply for a library card, applicants must present a valid state-issued driver's license, a state-issued photo ID card or a federal (passport) photo ID that has their current residential address. If the address on the ID differs from the patron's current residence, the patron will be asked to supply verification of their current address. Acceptable forms of verification include:

- A piece of mail addressed to the patron at their current residence (postmarked within the last 30 days)
- A utility bill within the last 30 days
- Imprinted bank check
- A current lease or contract (within 30 days) with the applicant's name and address
- A vehicle registration card
- Library mailed self-addressed postcard
- Deed or title for property in the city of Decatur, IL

Patrons who sign application forms agree to abide by the regulations and guidelines of the Library.

If the card is lost or stolen, it is the responsibility of the card holder to notify the library as soon as possible. Lost or stolen cards can be replaced for a \$3.00 fee.

The Library should be notified of any changes in address (including email addresses), phone numbers or name changes as soon as possible. Mail notifications (including email and text

notifications) that are returned to the library for any reason will prompt a patron block, temporarily suspending library card privileges until the contact information has been confirmed.

Registration for patrons under 18 years of age requires parental/guardian signature. The parent or legal guardian of the child/young adult must be present at the time of registration. Exceptions may be made for school-sponsored registrations.

Patrons 13 and under will be restricted to borrowing items from the juvenile (J) collection.

Non Resident Cards and Temporary Cards:

Patrons who are unserved by an Illinois public library, but reside within Macon County are eligible for one Non-resident card per family for a fee. Public Act 92-0166, effective July 1, 2002 requires non-residents to obtain library cards at the closest public library

Non-residents who pay Decatur property taxes and their households may obtain a library card free of charge by presenting a valid state or federal ID and a current tax bill providing proof of taxes paid to the City of Decatur for the current year. All family members residing at the residence of the non-resident taxpayer fee payer shall be eligible for a non-resident borrower's card. Non-resident cards are valid for twelve months from date of payment of fee.

Temporary Cards

To obtain a temporary card, applicants must have valid state or federal ID and verification (e.g. work visa, college ID card, or letter from temporary shelter) of temporary residence in the city of Decatur. Temporary cards are restricted to 5 print items, the library internet computers, and library databases. Temporary cards expire every 6 months.

E-Card

Electronic cards are available for the access of online library resources only. In order to obtain an E-Card, applicants must fill out the online form. A barcode and password will be emailed back to them for access to the libraries online resources as soon as their information has been confirmed.

Loan period

All materials loaned by the Library are due a fixed number of days after they are borrowed. Items may be renewed two times. Items may be renewed over the counter, by phone, or through the Library's website, providing that the item is not reserved by another patron and the patron's account is in good standing. The library may make items eligible to be renewed automatically.

The Decatur Public Library will only renew materials borrowed from other libraries according to their policies. The Decatur Public Library will not extend due dates on materials owned by other libraries, without the owning library's consent.

Reserves on Material

Requests may be placed on materials using the online catalog, or via library staff. Patrons are notified by mail, email or text notification when their requested materials arrive at the Library. Requested materials that are not picked up before the date on the patron's notification will be returned to the shelves or other lending libraries. Patrons may cancel requests by phone, online, email or in person.

Fines and fees

Decatur Public Library does not charge patrons overdue fines. Patrons who have not returned overdue materials will have their library privileges suspended until either the materials are renewed, returned, or paid for.

Notice will be given to the patron that the materials are overdue within 10 days after their due date. If the materials are not returned, a second notice will be given within 20 days after the first notice that the materials are overdue. Failure to return library materials within 10 days after the second notice will result in a bill for library materials from the library.

Items borrowed from other libraries within the SHARE consortium will be subject to the loan period and renewal policies of the lending library. Items borrowed from other libraries outside of the SHARE consortium will be subject to the loan period, renewal *and fine policies* of the lending library.

Patrons who have been assessed fees in excess of \$25.00 and have not paid within 60 days may be referred to a collection agency.

After an account has been turned over to the collection agency, materials charged to that account may be returned within 15 days of the collection agency notification.

Payment of all fines and fees for all items that are lost or damaged is the responsibility of the library card holder (or in the case of a borrower under 18, the parent or guardian).

Patrons who have lost or damaged library materials shall be charged the list price of the material. The Decatur Public Library will not reimburse replacement costs for the cost of fees for items returned after payment has been received.

Decatur Public Library charges \$3.00 for a replacement library card, \$25.00 for a returned check, and \$10.00 collection agency fee.

Destruction of Library Materials

Individuals who commit willful destruction of library materials and property may be subject to legal prosecution.

Approved by Board of Trustees Effective June 1, 2018

Amended by Board of Trustees June 21, 2018

Amended by Board of Trustees August 28, 2019

Amended by Board of Trustees September 17, 2020

MANDATORY COVID-19 VACCINE PROGRAM

Purpose

Decatur Public Library recognizes its responsibility to provide employees a workplace free of recognized hazards. This policy is intended to maximize the protection afforded by the COVID-19 vaccine. The goal of this program is to protect employees, employees' family members, customers, patrons, visitors, others affiliated with us and the broader community. This policy is intended to follow all state and local laws. It is based upon guidance provided by the Centers for Disease Control and Prevention (CDC) and public health and licensing authorities, as applicable.

Scope

As a condition of employment, all [full-time, part-time, temporary, seasonal, on-call] employees of Decatur Public Library must receive a COVID-19 vaccine. Employees will have to obtain vaccination within [NUMBER OF DAYS] after final Board approval of this policy. This policy [does/does not] cover volunteers, customers, patrons, and visitors.

If an employee has not obtained the vaccine or received an approved exemption within the timeframes outlined below, the employee ?

Employees working remotely are expected to observe these guidelines as a condition to accessing Decatur Public Library premises.

Newly hired employees with start dates of [INSERT DATE], will be required to supply proof of immunization or receive an approved exemption during the onboarding process. Employees who fail to do so may be terminated, subject to applicable law.

Procedure

[IF OFFERING ONSITE VACCINATION] Decatur Public Library will hold free vaccination clinics in the coming months for all employees. Details about the dates and locations of the clinics will be available soon. Contact [OFFICE/PERSON/PHONE#] about where and when to get vaccinated [AND/OR INSERT SCHEDULE].

[IF NOT OFFERING ONSITE VACCINATION] Employees should [see [insert designated person/dept] for a list of locations to aid employees in receiving vaccines on their own or contact the [INSERT APPROPRIATE COUNTY] Public Health Department at [INSERT CONTACT NUMBER FOR COUNTY PUBLIC HEALTH DEPARTMENT] to obtain information about vaccination sites. Employees may also be able to obtain vaccine availability information from their own health care providers. When not received in-house, vaccinations should be run through employees' health insurance where applicable or otherwise submitted for reimbursement if there is a cost.

All employees will be granted paid time off work to receive their vaccination(s). For offsite vaccinations, employees are to work with their managers to schedule proper time to obtain the COVID-19 vaccine.

To be compliant with this requirement, employees must do one of the following:

- Provide Decatur Public Library with proof of immunization within the specified timeframe. Proof of immunization must include a copy of documentation showing the vaccine was received, but it should not include any personal health information or family medical history information; or
- Comply with the designated procedure for obtaining a permissible exemption as described in this policy.

Reporting Immunization

Employees will notify Decatur Public Library once they have received the COVID-19 vaccine by responding to the COVID-19 Vaccination Reporting email or text sent by [[insert designated person/dept] with one of three possible responses:

1. Yes, I have received the COVID-19 vaccine (attach proof of vaccine if obtained through services other than Decatur Public Library).
2. No, I have not yet received the COVID-19 vaccine shot but will do so on [DATE].
3. I am requesting an Exemption.

Individuals responding “Yes” will receive a confirmation email. Individuals responding “No” will receive an email with key dates and information about the guidelines for complying with this policy. Additionally, they will receive a follow-up email within [7/10/15/30] days. Individuals requesting an exemption will receive an email directing them to the proper next steps (see below).

Confidentiality

Confidentiality and respect to our employees’ rights are important to us. Decatur Public Library will not:

- use any genetic information, disability status or information regarding religious beliefs to disadvantage its employees in any way;
- use incentives in exchange for genetic information, information regarding an employee’s health condition or that of their family, or information on the employee’s religious beliefs; or
- try to coerce employees into supplying health/genetic/religious belief information or taking medical examinations.

Key staff within [insert designated person/dept] will have access to dashboards to check compliance. Records documenting vaccinations and declinations will be maintained by

[insert designated person/dept]. All information received under this policy will be kept confidential to the greatest extent possible. Sharing of information shall be based on a need-to-know basis and only to the level required to notify management personnel regarding those employees who are not in compliance with this policy or have received an exemption.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when providing information in accordance with this policy. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Exemptions

Employees may request an exemption from the mandatory COVID-19 vaccine program by submitting an exemption request form, as outlined below, for: 1) disability/medical contraindications or precautions, or 2) a religious belief. All employees should note that personal and/or philosophical objections to vaccinations are not considered sufficient justification for granting an exemption from the mandatory COVID-19 vaccine program.

Employees requesting exemptions from the required COVID-19 vaccine program due to a disability/medical contradiction/precaution or religious belief must submit an exemption request form to [insert designated person/dept]. [insert designated person/dept] will review each exemption request on an individual basis and consider approval of any such request.

The following instructions should be followed, depending on type of exemption requested:

- **Disability/Medical Exemption:** If an employee has a disability and/or medical condition that presents a contraindication to receiving a COVID-19 vaccine, they must complete the medical exemption request form and attach the relevant supporting medical documentation from their licensed treating provider as shown in the medical exemption form.
- **Religious Exemption:** If an employee declines a COVID-19 vaccine because it conflicts with a sincerely held religious belief, the employee must complete the religious exemption request form. Employees may be asked to supply documentation that explains the specific faith-based teachings that oppose immunizations.

Designated personnel of Decatur Public Library will engage in an interactive dialogue with all employees requesting an exemption to determine if there is a reasonable accommodation that can be provided unless providing a reasonable accommodation

would result in undue hardship to Decatur Public Library or poses a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee. [insert designated person/dept] will notify the employee and manager of the decision about an exemption request.

All employees receiving an exemption are responsible for understanding and accepting the consequences of the exemption, which may include required work restrictions.

After engaging in the interactive process, if Decatur Public Library is unable to provide a reasonable accommodation without causing undue hardship, the employee has [15/30] days from notification of the denial of the exemption to comply by being immunized.

Decatur Public Library will only reconsider a denial if the employee supplies new information supporting their request. For reconsideration of a denial, please contact [insert designated person/dept].

No employee requesting an exemption to the mandatory COVID-19 vaccine program will be discriminated, harassed, or retaliated against for making such a request or being granted an exemption. If an employee believes that they have been treated in a manner contrary to this policy, please notify [insert designated person/dept] immediately.

Consequences of Non-Compliance

All persons covered under this policy shall be aware that compliance is a condition of employment and/or access to Decatur Public Library facilities. Employees who do not certify that they have received the COVID-19 vaccine or have an approved exemption will not have access to Decatur Public Library facilities.

Employees not in compliance with this policy will be placed on [paid/unpaid] leave until their employment status is decided by [insert designated person/dept]. After [30/45/60] days, if the employee, has not provided documentation of vaccination or completed an exemption, they may be subject to disciplinary action, up to and including termination.

Right to Change or Terminate Policy

If vaccine shortages occur and/or if CDC or government officials' recommendations are altered, Decatur Public Library may change, suspend, or revoke all or part of this policy.

Effective Date

The effective date of this Mandatory COVID-19 Vaccine Program Policy and Procedure is (date).

VOLUNTARY COVID-19 VACCINATION POLICY

Purpose

[ORGANIZATION NAME]'s voluntary COVID-19 vaccine program policy describes [ORGANIZATION NAME]'s commitment to its employees' safety and well-being during the current public health situation. [ORGANIZATION NAME] wants all of its employees to have access to the COVID-19 vaccine at no cost and with minimal interruption to their work schedules.

Participation in [ORGANIZATION NAME]'s voluntary COVID-19 vaccine program has many benefits. Providing a safe and healthy work environment helps employees be more productive and can reduce the number of sick days employees take due to exposure to COVID-19. But, most importantly, employee wellness is a vital aspect of building a happier workplace.

This policy will follow all applicable laws and is based on guidance from the Centers for Disease Control and Prevention (CDC) and the State of Illinois Department of Public Health (IDPH).

Scope

This voluntary COVID-19 vaccine program policy applies to all employees. Employees are strongly encouraged to receive COVID-19 vaccinations as soon as possible.

Incentives for Vaccination

[ORGANIZATION NAME] wants to encourage all employees to take part in this voluntary COVID-19 vaccine program, and to further that goal will provide employees who receive the COVID-19 with certain incentives and/or rewards. Incentives and rewards may include:

- [Cash]
- [Time off]
- [Reductions in insurance premiums]
- [Other gifts and awards]

Incentives and/or rewards may be regulated by law. [ORGANIZATION NAME] will comply with all applicable federal, state, and/or local legal limitations on incentives and/or rewards.

Procedures

[IF OFFERING ONSITE VACCINATION] [ORGANIZATION NAME] will hold free vaccination clinics in the coming months for all employees. Details about the dates and locations of the clinics will be available soon. Contact [OFFICE/PERSON/PHONE#] about where and when to get vaccinated [AND/OR INSERT SCHEDULE].

[IF NOT OFFERING ONSITE VACCINATION] Employees should [see [insert designated person/dept] for a list of locations to aid employees in receiving vaccines on their own or contact the [INSERT APPROPRIATE COUNTY] Public Health Department at [insert contact number for county public health department] to obtain information about vaccination sites. Employees may also be able to obtain vaccine availability information from their own health care providers. When not received in-house, vaccinations should be run through employees' health insurance where applicable or otherwise submitted for reimbursement if there is a cost.

All employees will be granted [unpaid/paid] time off work to receive their vaccination(s). For offsite vaccinations, employees are to work with their managers to schedule proper time to obtain the COVID-19 vaccine.

Proof of vaccination against COVID-19 may be requested to receive the incentives offered by [ORGANIZATION NAME]. Please see [insert designated person/dept] for more information regarding required proof of vaccination.

Accommodations

[ORGANIZATION NAME] wants all its employees to have equal access to all benefits and resources offered by [ORGANIZATION NAME]. Accordingly, [ORGANIZATION NAME] can make reasonable accommodations for employees with disabilities to help them have equal access to the voluntary COVID-19 vaccine program. The same applies to employees who cannot take part in the voluntary COVID-19 vaccine program due to sincerely held religious beliefs. We encourage our employees to reach out to [insert designated person/dept] to discuss their need for an accommodation and options. These discussions and any relevant information will be kept confidential.

Confidentiality

Confidentiality and respect to our employees' rights are important to us. [ORGANIZATION NAME] will not:

- use any genetic information, disability status, or religious beliefs/information to disadvantage its employees in any way;
- use incentives in exchange for genetic information, information regarding an employee's health condition or that of their family, or information about an employee's religious beliefs; or

- try to coerce employees into supplying health/genetic/religious belief information or taking medical examinations.

[ORGANIZATION NAME] will let employees know what health information is needed for participation in the voluntary COVID-19 vaccine program, who will be able to see it and why. All data will be kept confidential to the greatest extent required by applicable law.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when providing information in accordance with this policy. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Voluntary participation; No Retaliation

[ORGANIZATION NAME] encourages employees to participate in the voluntary COVID-19 vaccine program but any such participation is voluntary. There will not be any discrimination, harassment, retaliation, or adverse action for employees who choose not to participate in the voluntary COVID-19 vaccine program.

Duration of Voluntary COVID-19 Vaccine Program

The voluntary COVID-19 vaccine program is in effect for at least [# days/weeks/months]. [ORGANIZATION NAME] will continue to monitor the current public health situation and reserves the right to make changes to this policy based on the most current information available by the CDC, government, or local public health officials. Likewise, [ORGANIZATION NAME] may, at its discretion, implement a mandatory COVID-19 vaccine program to ensure the safety and welfare of its employees and/or its business needs.

Please direct any questions about this policy to [insert designated person/dept].

REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

[ORGANIZATION NAME] requires COVID-19 vaccination for all its employees (regardless of their roles). The requirement for a COVID-19 vaccine has been noted as the best available tool for protecting individuals from contracting the coronavirus by the Centers for Disease Control and Prevention (CDC) as well as the State of Illinois's Department of Public Health (IDPH). Our goal is to prevent our employees from contracting coronavirus, and we have decided that mandating the COVID-19 vaccine is essential to this effort.

[ORGANIZATION NAME] is an equal opportunity/affirmative action employer that prohibits discrimination against employees and applicants for employment based on disabilities or medical conditions and provides reasonable accommodation for qualified individuals with disabilities or medical conditions, unless providing a reasonable accommodation would result in undue hardship to [ORGANIZATION NAME] or poses a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

If you believe that you have a medical reason that prevents you from receiving the COVID-19 vaccine, you must submit this completed form to [insert designated person/dept] along with supporting medical documentation in order to be considered for an exemption to [ORGANIZATION NAME]'s mandatory COVID-19 vaccination program. The exemption form will be reviewed by [insert designated person/dept]. [ORGANIZATION NAME] reserves the right to confirm the information provided with your healthcare provider. For purposes of this Exemption Request, a "health care provider" means a licensed, treating medical provider such as a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA).

PART I—To be Completed by Employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Work Location (choose one):

____ I am currently working remotely and will not access any [ORGANIZATION NAME] facilities at any time.

____ I am working on-site or will access a [ORGANIZATION NAME] facility at any time (even one time).

Please sign and date the request after reading the acknowledgement below.

By completing this form, I am declaring that my disability or medical condition prevents me from accepting the COVID-19 vaccine. I certify that the information that I have supplied is accurate and any misrepresentation may result in disciplinary action, up to and including termination.

My signature on this Exemption Request Form constitutes my official request for a reasonable accommodation to [ORGANIZATION NAME]'s mandatory COVID-19 vaccine program for reasons due to a medical condition or a disability. I agree to fully cooperate with relevant [ORGANIZATION NAME] personnel in responding to my request, including providing the proper medical documentation, if needed.

Signature: _____

Print Name: _____

Date: _____

It is unlawful to retaliate against a qualified individual for requesting a reasonable accommodation based on a disability or medical condition, regardless of whether [ORGANIZATION NAME] grants the request. Please send this form and any other information to [insert designated person/dept].

PART II—To be Completed by Employee's Health Care Provider

Attention Health Care Provider:

The above-mentioned individual is an employee with [ORGANIZATION NAME]. The aforementioned employee has requested an exemption from [ORGANIZATION NAME]'s mandatory COVID-19 vaccination requirement due to a disability or medical condition.

To assess [ORGANIZATION NAME]'s ability to grant the requested exemption, we would like to ask that you please complete the form below. Should you have any questions, please contact at [insert designated person/dept]

Thank you.

1. The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply.):

_____ History of previous allergic reaction and documented allergy testing to show an immediate hypersensitivity reaction to medications, vaccines or a component of vaccines. Please attach supporting DOCUMENTATION or MEDICAL RECORDS.

_____ History of medical condition that makes the application of the COVID-19 vaccine unsafe. Please supply and attach a detailed narrative that describes the event.

_____ Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

2. Please state the duration of the medical exemption, and, when, the vaccine can be safely administered:

_____ The medical exemption is permanent.

_____ The medical exemption is temporary, and the resolution is expected by _____ (expected date)

I certify that _____ (Name of Patient/Employee) has the above contraindication and request a medical exemption from the COVID-19 vaccination.

Physician Signature: _____
(Note: Signature Stamp [is/ is not Acceptable])

Print Name: _____

Physician Medical License No.: _____

Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Summary of Next Steps

1. This request will be reviewed with you and [insert designated person/dept].
2. You will be notified of the decision about your requested exception.
3. [ORGANIZATION NAME] will only reconsider a denial if you supply new information supporting your request. For reconsideration of a denial, please contact [insert designated person/dept].

PART III—To be Completed by Employer (for Office Use Only)

Engaged in an interactive dialogue with Employee on following dates:

Documentation Provided? _____ Yes _____ No
Exemption/Accommodation granted? _____ Yes _____ No

If yes, describe Exemption/Accommodation granted to Employee:

If no, reason(s) for Denial of Exemption/Accommodation:

Name of Representative: _____

Signature of Representative: _____

Date: _____

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

[ORGANIZATION NAME] requires COVID-19 vaccination for all its employees (regardless of their roles). The requirement for a COVID-19 vaccine has been noted as a best available tool for protecting individuals from contracting the coronavirus by the Centers for Disease Control and Prevention (CDC) as well as the State of Illinois’s Department of Public Health (IDPH). Our goal is to prevent our employees from contracting coronavirus, and we have decided that mandating the COVID-19 vaccine is essential to this effort.

[ORGANIZATION NAME] is an equal opportunity/affirmative action employer that prohibits discrimination against employees and applicants for employment based on religion and provides reasonable accommodation for individual’s sincerely held religious beliefs, unless providing a reasonable accommodation would result in undue hardship to [ORGANIZATION NAME] or poses a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

If your religious beliefs or practices conflict with the mandatory COVID-19 vaccination requirement, please supply the following information so that we may evaluate your request for an exemption.

PART I—To be Completed by Employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Work Location (choose one):

I am currently working remotely and will not access any [ORGANIZATION NAME] facilities at any time.

I am working on-site or will access a [ORGANIZATION NAME] facility at any time (even one time).

1. Identify the sincerely held religious belief, observance or practice that prevents you from receiving the COVID-19. This should not include “social, political, or economic philosophies” or personal preferences.

2. Please explain how your religious beliefs named above prevent you from being able to take the COVID-19 vaccine which includes (as applicable):

- How taking the COVID-19 vaccine places you in violation of your sincerely held religious beliefs or practices; and/or
- Identify the specific part(s) of the COVID-19 vaccine that conflict with your sincerely held religious beliefs or practices.

3. Describe the accommodation you are requesting (an accommodation must enable you to meet the required/essential functions of your job and must not impose an undue burden on the organization, which includes compromising workplace safety). Include any alternate accommodations that might also address your needs.

4. In some cases, [ORGANIZATION NAME] may need to obtain other information and/or documentation about your religious practice(s) or belief(s).

If asked, can you provide documentation to support your belief(s) and need for an accommodation? Yes No

If no, please explain why:

Please sign and date the request after reading the acknowledgement below.

By completing this form, I am declaring that my sincerely held religious belief prevents me from accepting the COVID-19 vaccine. I agree to fully cooperate with relevant [ORGANIZATION NAME] personnel in responding to my request, including providing additional information or documentation, if needed.

Signature: _____

Print Name: _____

Date: _____

It is unlawful to retaliate against a person for requesting a reasonable accommodation based on religion, regardless of whether [ORGANIZATION NAME] grants the request. Please send this form and any other information to [insert designated person/dept].

Summary of Next Steps

1. This request will be reviewed with you and [[insert designated person/dept].
2. You will be notified of the decision about your requested exception.
3. [ORGANIZATION NAME] will only reconsider a denial if you supply new information supporting your request. For reconsideration of a denial, please contact [insert designated person/dept].

PART II—To be Completed by Employer (for Office Use Only)

Engaged in an interactive dialogue with Employee on following dates:

Documentation Provided _____ Yes _____ No

Exemption/Accommodation granted? _____ Yes _____ No

If yes, describe Exemption/Accommodation granted to Employee:

If no, reason(s) for Denial of Exemption/Accommodation:

Name of Representative: _____

Signature of Representative: _____

Date: _____