

Warren-Newport Public Library District Staff Manual

503 Vaccinations

Effective Date: 09/07/2021

Review/Revision Date: [1/18/2022](#)

Purpose

The Warren-Newport Public Library District (WNPLD) is committed to providing and maintaining a workplace that is free of known hazards and safeguards in order to protect the health of employees and their families; our patrons and visitors; and the community at large from infectious diseases that may be reduced by vaccinations. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention (CDC), the Illinois Department of Public Health (IDPH), and the Lake County Health Department (LCHD), as applicable.

Scope

In the event of a local epidemic or global pandemic, as declared by the World Health Organization, CDC, IDPH, or LCHD, the Executive Director and WNPLD Board of Trustees may consider requiring staff to receive vaccinations in order to prevent the spread of disease. Under such circumstances, all employees are required to receive vaccinations as determined by the Executive Director, in consultation with the WNPLD Board of Trustees, unless a reasonable accommodation is approved. Employees not in compliance with this policy will be placed on unpaid leave until their employment status is determined by the Human Resources [Generalist Manager](#).

Procedures

Employees will be notified by the Human Resources [Generalist Manager](#) as to the type of vaccination(s) covered by this policy and the timeframe(s) for having the vaccine(s) administered. WNPL will provide either onsite access to required vaccines or a list of locations to assist employees in receiving required vaccines on their own.

WNPL will pay for all required vaccinations if not covered by an employee's health insurance or public health resources. When not received onsite, required vaccinations should be submitted first to the employee's health insurance and if not covered, then submitted for reimbursement from WNPL. In the event that an employee does not have health insurance, the employee may submit the cost of a required vaccine directly to WNPL for reimbursement.

All employees will be paid for time taken to receive on-site vaccinations occurring when the employee is already scheduled to work. Should an employee come to WNPL for the sole purpose of receiving a required vaccine, they will not be paid for their time. For offsite vaccinations, employees are to work with their managers to schedule an appropriate time to comply with this policy. Before the stated deadlines to be vaccinated have expired, employees will be required to provide proof of vaccination or an approved reasonable accommodation to be exempted from the requirements.

The Executive Director, in consultation with the WNPLD Board of Trustees, may determine that employees regularly providing proof of a negative test for infectious disease is an acceptable

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alternative to a vaccination. ~~Per Illinois state law, the cost of these tests will be at the expense of WNPL.~~

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Reasonable Accommodation

Employees in need of an exemption from this policy due to a medical reason or because of a sincerely held religious belief, must submit a completed Request for Accommodation form provided by the Human Resources ~~Generalist Manager~~ to begin the interactive accommodation process as soon as possible after vaccination requirements are announced. Samples of such forms are included with this policy. Accommodations will be granted when they do not cause WNPL undue hardship or pose a direct threat to the health and safety of others.

Please direct any questions regarding this policy to the Human Resources ~~Generalist Manager~~.

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REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

Warren-Newport Public Library (WNPL) 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.

WNPL 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 the library 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 the Human Resources [Generalist Manager](#) along with supporting medical documentation in order to be considered for an exemption to the WNPL's mandatory COVID-19 vaccination program. The exemption form will be reviewed by the Human Resources [Generalist Manager](#). The library 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).

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PART I—To be Completed by Employee

Name: _____

Department: _____

Date(s) of request: _____

Immediate Supervisor: _____

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 WNPL's mandatory COVID-19 vaccine program for reasons due to a medical condition or a disability. I agree to fully cooperate with relevant WNPL 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 requesting a reasonable accommodation based on a disability or medical condition, regardless of whether WNPL grants the request. Please send this form and any other information to the Human Resources [Generalist/Manager](#).

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

Attention Health Care Provider:

The above-mentioned individual is an employee with **Warren-Newport Public Library (WNPL)**. The aforementioned employee has requested an exemption from WNPL’s mandatory COVID-19 vaccination requirement due to a disability or medical condition.

To assess WNPL’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 the Human Resources [Generalist Manager](#) by email at jhoj@wnpl.info or by phone at 847-244-5150. 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 not acceptable

Print Name: _____

Physician Medical License No.: _____

Date: _____

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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 Human Resources [GeneralistManager](#).
2. You will be notified of the decision about your requested exception.
3. WNPL will only reconsider a denial if you supply new information supporting your request. For reconsideration of a denial, please contact the Human Resources [GeneralistManager](#).

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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: _____

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REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

Warren-Newport Public Library (WNPL) 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.

WNPL 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 WNPL 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.

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PART I—To be Completed by Employee

Name: _____

Department: _____

Date(s) of request: _____

Immediate Supervisor: _____

Work Location (choose one):

___ I am currently working remotely and will not access any WNPL facilities at any time.

___ I am working on-site or will access a WNPL 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.

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4. In some cases, WNPL 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 WNPL 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 WNPL grants the request. Please send this form and any other information to the Human Resources [ManagerGeneralist](#).

Summary of Next Steps

1. This request will be reviewed with you and Human Resources [ManagerGeneralist](#).
2. You will be notified of the decision about your requested exception.
3. WNPL will only reconsider a denial if you supply new information supporting your request. For reconsideration of a denial, please contact the Human Resources [ManagerGeneralist](#).

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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: _____