



DEPARTMENT NOTICE

21-117
08/09/21

Vaccination Requirements for Personnel in High-Risk Settings

To comply with the SF Health Order and ensure delivery of City services, City policy requires that all City employees who in the course of their duties may enter or work in high-risk settings even on an intermittent or occasional basis or for short periods of time must be fully vaccinated – **no later than October 13, 2021 for sworn employees**, unless they have been approved for an exemption from the vaccination requirement as a reasonable accommodation for a medical condition or restriction or sincerely-held religious beliefs.

Any employee who is requesting or has an approved exemption must still report their vaccination status to the City by the August 12, 2021, extended deadline.

The vaccination and reporting requirements are conditions of City employment and a minimum qualification for employees who, in the course of their duties, may enter or work in high-risk settings even on an intermittent or occasional basis or for short periods of time.

Those employees who fail to meet the vaccination and reporting requirements under this policy will be unable to enter facilities and will therefore be unable to perform an essential function of their job and not meet the minimum requirements to perform their job.

Failure to comply with this policy may result in disciplinary action, or non-disciplinary separation from employment for failure to meet the minimum qualifications of the job.

Medical and Religious Exemptions

A medical or religious exemption from the vaccination requirement may be granted if:

- **For medical reasons** (1) the employee has a qualifying disability that prevents them from receiving a COVID-19 vaccination, (2) the employee requests a reasonable accommodation, (3) the employee provides required medical documentation to support an exemption, and (4) an exemption would not pose a direct threat to the health and safety of the employee or others that cannot be mitigated; or
- **For religious reasons** (1) the employee holds a sincere religious belief, practice or observance that is contrary to the practice of vaccination, (2) the employee requests a religious accommodation, (3) the employee provides required documentation or information to support an exemption, and (4) an exemption would not pose a direct threat to the health and safety of the employee or others that cannot be mitigated.

Employees should complete, sign, and submit via email the attached COVID-19 Vaccination Medical or Religious Exemption Request forms **prior to October 13, 2021** to seek deferral or exception to the vaccine requirement. These forms are also on the [vaccination policy webpage](#).

Bottom Line: Sworn employees will need to be vaccinated by October 13, 2021 or have an approved medical or religious exemption approved through SFPD Human Resources.

At any time when a non-vaccinated member becomes fully vaccinated, the member must enter and update their vaccinated status in the Employee Portal.

Email your completed Accommodation Requests to sfpd.staffservices@sfgov.org.

For questions regarding **Medical Accommodations** please contact ADA coordinator Penny Si at (415) 837-7221.

For questions regarding **Religious Accommodations** please contact HR Manager Benjamin Houston at (415) 837-7390.

See attached **COVID-19 VACCINATION COMPLIANCE DEADLINES ADDENDUM** for details.



ROBERT MOSER
Acting Chief of Police

Per DN 20-150, all sworn & non-sworn members shall electronically acknowledge this Department document in PowerDMS. Members whose duties are relevant to this document shall be held responsible for compliance. Any questions regarding this policy should be made to sfpd.writtendirectives@sfgov.org who will provide additional information.

**COVID-19 VACCINATION COMPLIANCE DEADLINES ADDENDUM
TO VACCINATION POLICY AMENDED AUGUST 5, 2021**

Below are the vaccination status reporting deadlines for City employees.

COVID-19 VACCINATION STATUS REPORTING DEADLINES	
July 29, 2021	Reporting Deadline
August 12, 2021	Grace Period - Final day to report vaccination status

Below are the vaccination deadlines for City employees. City employees working in high-risk settings are subject to non-disciplinary release if not vaccinated by the deadlines referenced below for failure to meet the minimum qualifications of their jobs.

COVID-19 VACCINATION DEADLINES BY EMPLOYEE TYPE	
Employees not working in "High-Risk" or other Health Care Settings	No vaccination required at this time. Under the City Vaccination Policy, employees must be fully vaccinated within 10 weeks after full FDA approval of any COVID-19 vaccine.
Employees who are assigned to or routinely work onsite in High-Risk Settings	Must be fully vaccinated <i>no later than September 15, 2021</i> . <ul style="list-style-type: none"> • Moderna: First Shot <i>no later than</i> August 4, 2021; Second Shot <i>no later than</i> September 1, 2021 • Pfizer: First Shot <i>no later than</i> August 11, 2021; Second Shot <i>no later than</i> September 1, 2021 • Johnson & Johnson: First Shot <i>no later than</i> September 1, 2021
Employees working in other Health Care Facilities	Must be fully vaccinated <i>no later than September 30, 2021</i> . <ul style="list-style-type: none"> • Moderna: First Shot <i>no later than</i> August 19, 2021; Second Shot <i>no later than</i> September 16, 2021 • Pfizer: First Shot <i>no later than</i> August 26, 2021; Second Shot <i>no later than</i> September 16, 2021 Johnson & Johnson: First Shot <i>no later than</i> September 16 2021
Employees intermittently or occasionally working in "High-Risk Settings"	Must be fully vaccinated <i>no later than October 13, 2021</i> . <ul style="list-style-type: none"> • Moderna: First Shot <i>no later than</i> September 1, 2021; Second Shot <i>no later than</i> September 29, 2021 • Pfizer: First Shot <i>no later than</i> September 8, 2021; Second Shot <i>no later than</i> September 29, 2021 • Johnson & Johnson: First Shot <i>no later than</i> September 29 2021



EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION - MEDICAL (COVID-19 Vaccination Exemption)

Employee Name	Employee DSW#
Job Code and Title	Department
Division/Unit	Supervisor/Manager

It is the policy of the City and County of San Francisco to provide reasonable accommodations to qualified individuals with disabilities in accordance with the federal Americans with Disabilities Act and the California Fair Employment and Housing Act. You may be required to provide documentation in support of your request for reasonable accommodation.

EMPLOYEE CERTIFICATION

I have a disability or medical condition that prevents me from receiving any COVID-19 vaccine. NOTE: To be eligible for this exemption, I understand that I must also provide to my department a written medical certification signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, stating that I qualify for the exemption (but the written medical certification should **not** identify the underlying medical condition or disability) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent).

I have received and reviewed information on the local Public Health Order and City Policy requiring COVID-19 vaccination. I understand that a detailed review of my disability status may be required, and I agree to cooperate fully in this process. I further understand that if my request is approved, I am obligated to report any changes in my disability status which may require a re-evaluation of this request. Granting of this request does not signify approval of any future reasonable accommodation request for any other position within this department or any other department within the City and County of San Francisco.

I hereby certify that I make this request based on my belief that I have a disability or medical condition that prevents me from complying with COVID-19 vaccination requirements. I understand that any falsified information can lead to disciplinary action, up to and including termination of employment.

I further understand that the City and County of San Francisco is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship.

Employee Signature

Date

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

Date Received: ___/___/20__	Medical Certification Received <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Medical Certification Received: ___/___/20__	



**EMPLOYEE REQUEST FOR
RELIGIOUS ACCOMMODATION
(COVID-19 Vaccination Exemption)**

Employee Name	Employee DSW#
Job Code and Title	Department
Division/Unit	Supervisor/Manager

The City and County of San Francisco (City) is committed to equal employment opportunities for all employees and a work environment that is free of unlawful harassment, discrimination, and retaliation. Consistent with this commitment, the City complies with all laws protecting employees’ religious beliefs, practices and observances. When requested, the City will provide an exemption or reasonable accommodation for employees’ sincere religious beliefs, practices and observances, which prohibit the employee from receiving a COVID-19 vaccination, provided the requested accommodation is reasonable and does not create an undue hardship for the City or pose a direct threat to the health and/or safety of the employee or others in the workplace.

San Francisco Department of Public Health Order No. C19-07, requires persons routinely working onsite in High-Risk Settings as defined in the Order to receive a COVID-19 vaccination and report their vaccination status to their employer effective September 15, 2021. City policy must comply with this public health order, and will also require all other City employees to receive a vaccination within 10 weeks of FDA approval of any COVID-19 vaccine. A religious exemption may be granted to City employees who: (1) hold a sincere religious belief that conflicts with the vaccination requirement, (2) complete this request form, and (3) provide any information needed to support the exemption request.

EMPLOYEE CERTIFICATION

I request an exemption from the local Public Health Order and City Policy requiring COVID-19 vaccinations for all City employees. I make this request based on my sincere religious belief(s), practice(s), or observance(s). My beliefs are in conflict with the vaccination requirement, and I certify the following is true:

1. My religion or belief system is (enter name or description): _____
2. I have held this belief(s) system, or practiced and observed this religion since (enter date or year): _____
3. My religion, belief system, or practice requires me to abstain from the COVID-19 vaccination because (describe the specific tenet, practice, or observation that conflicts with the COVID-19 vaccination requirement and/or explain how you follow it):

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EMPLOYEE REQUEST FOR RELIGIOUS ACCOMMODATION
(COVID-19 Vaccination Exemption), Page 2 of 2

types of vaccinations, please describe the specific tenet, practice, or observation that expressly conflicts with the COVID-19 vaccination (*attach a separate sheet if needed*).

5. If requested, I can provide a written statement, an affidavit or other documents from a religious leader, or other person describing my beliefs and practices, including information regarding when I embraced the belief or practice, as well as when, where, and how I have adhered to the belief, practice, observance. YES NO

I hereby certify that I make this request based on my sincerely held religious beliefs that prevent me from complying with COVID-19 vaccination requirements. I understand that any falsified information can lead to disciplinary action, up to and including termination of employment.

I also understand that my request for an accommodation may not be approved if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or me, or if it creates an undue hardship for the City.

Employee Signature

Date

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

FOR HR USE ONLY

Date Received: ___/___/20___ Medical Certification Received Yes No
Date Medical Certification Received: ___/___/20___