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# CITY OF NEWTON, MASSACHUSETTS

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## **COVID-19 Vaccination Policy** **Effective September 24, 2021 (updated)**

### **1. Purpose and Scope**

The City of Newton continues to place the highest priority on the health, safety and well-being of our staff, residents, and the Newton community.

To support this objective, the City has made a commitment to enact policies which respond to the rapidly evolving coronavirus pandemic and its impact on the health of our employees and the people we serve. The COVID-19 virus and the highly contagious Delta variant pose a current threat, and therefore this action will support current and future employees of the City of Newton.

To that end, the City of Newton has adopted a COVID-19 vaccination policy to safeguard the health of our employees, residents, and the community.

This policy complies with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention (CDC) and the Massachusetts Department of Public Health (DPH).

All City of Newton employees will be required to meet the requirements of this policy, subject to the exceptions and exemptions described below.

### **2. Applicability**

This policy applies to all employees of the City of Newton.

Under this policy, the term “employees” includes all full time, part time, temporary, seasonal, and probationary employees, and prospective employees of the City of Newton, whether working in-person or remotely.

Under this policy, the term “employees” does not include employees of the Newton Public School System who have established their own policy, or members of the City Council, School Committee or appointed members of Boards and Commissions.

### **3. Policy**

All employees are required to be fully vaccinated with a Federal Drug Administration or World Health Organization authorized or approved COVID-19 vaccine, as a term and condition of their employment with the City of Newton or have an approved medical or religious exemption on file with the Human Resources Department. To be considered fully vaccinated, employees must receive any additional doses that may be required or recommended by the Federal Drug Administration or the Centers for Disease Control and Prevention.

The following compliance dates shall apply to employee groups:

|                   |   |
|-------------------|---|
| November 19, 2021 | All nonunion H-grade employees and MNA HHS School Nurses  |
| January 14, 2022  | All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863. |

#### 4. Procedures

##### a. Documentation of Vaccination:

- i. Documentation of vaccination must include the full name and date of birth of the employee, and the type, lot number (if available), and date(s) of vaccine administration.
- ii. Documentation of vaccination must be submitted as soon as possible and no later than 5:00 p.m. on the deadline listed below, to allow for the Department of Human Resources to verify an employee's vaccination as of the compliance date in Section 3 above.

|                            |   |
|----------------------------|---|
| Friday<br>November 5, 2021 | All nonunion H-grade employees and MNA HHS School Nurses  |
| Friday<br>December 3, 2021 | All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863. |

- iii. Any employee who submits a fake or falsified vaccination record will be out of compliance with this policy and may be subject to discipline, up to and including termination from employment.
- iv. If future doses are required for an individual to remain fully vaccinated, the City of Newton will require employees to submit continuing documentation of vaccination.

##### b. Exemption Requests:

Employees who request to be exempt from this policy for medical or religious reasons must send a request to the Human Resources Department no later than the deadline listed in this section to allow enough time for review. Each request will be carefully reviewed and may involve an interactive discussion if the City needs additional information.

##### i. Deadlines for Submission:

|                            |   |
|----------------------------|---|
| Friday<br>October 8, 2021  | All nonunion H-grade employees and MNA HHS School Nurses  |
| Friday<br>December 3, 2021 | All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863. |

- ii. Exemption for Medical Reasons:  
The City of Newton may grant an exemption to employees who have a medical reason that prevents them from receiving the COVID-19 vaccine. The medical reason must be documented by a physician. To request a medical exemption, the employee must complete the *Medical Exemption Request Form* (attachment B) and submit it to the Human Resources Department.
- iii. Exemption for Sincerely Held Religious Beliefs:  
The City of Newton may grant an exemption to employees with sincerely held religious beliefs that conflict with receiving a COVID-19 vaccine. To request a religious exemption, the employee must complete the *Religious Exemption Request Form* (attachment C) and submit it to the Human Resources Department.
- iv. Exemptions based on personal or philosophical reasons for deciding not to get the COVID-19 vaccine will not be granted.
- v. The City of Newton may need more information to make a decision about an exemption. The City reserves the right to ask for additional documentation to make this decision. The City of Newton will keep confidential any medical information obtained in connection with requests for exemption.

## **5. Compliance**

- a. Employees are in compliance with this policy if they: 1) have submitted valid proof of vaccination or 2) have been granted an approved exemption.
- b. Employees who do not comply with this policy will not be allowed to report to work after the compliance date in Section 3 above, unless a later date is approved by Human Resources while a request for an exemption is pending.
- c. Employees who do not comply with this policy, and are not granted an exemption, will be deemed to be in violation of a term and condition of their employment with the City of Newton and may be disciplined, up to and including termination from employment.
- d. Employees who do not comply with this policy and are covered by a collective bargaining agreement, individual employment agreement or are otherwise covered by state statute will be required to work remotely pending a disciplinary hearing. If the nature of the employee's work does not allow for it to be performed outside of the workplace as determined by the department head and Human Resources, the employee will be placed on paid administrative leave pending a disciplinary hearing.
- e. Employees who do not comply with this policy and are not covered by a collective bargaining agreement, individual employment agreement or otherwise covered by state statute will be separated from employment.
- f. No confidential information will be shared, and department heads will receive only that information which allows employees to fully comply with this policy and any other health and safety requirements that might apply.

## **6. Non-Retaliation**

The City of Newton prohibits any form of discipline, reprisal, intimidation, or retaliation against any employee who reports a violation of this policy or any other health and safety concern.

## **7. Policy Modification**

Governmental and public health guidelines, and restrictions and industry best practices regarding COVID-19 and COVID-19 vaccines, are changing rapidly as new information becomes available, further research is conducted, and additional vaccines are approved and distributed. The City of Newton reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy workplace.

## **8. Vaccine Paid Leave**

The City of Newton will provide employees with reasonable time off to receive the vaccine(s). Employees may also use up to three (3) days of COVID-19 Vaccine Paid Leave, per calendar year, to recover from possible vaccine side effects immediately following vaccination. This paid leave shall be inclusive of any paid leave that may be provided for under state or federal law.

### **Attachments:**

- A: Questions and Answers
- B: Medical Exemption Request Form
- C: Religious Exemption Request Form
- D: COVID-19 Resources

**Attachment A**  
**Vaccination Policy**  
**Questions and Answers**

**Q: Why is the City of Newton requiring employees be vaccinated?**

A: It is vital that as many people as possible are vaccinated against COVID-19 to protect vulnerable members of our community, including coworkers, and loved ones who may be unable to be vaccinated or may be immunocompromised. Our workplace and entire community are safer when more people are vaccinated and having employees vaccinated will allow us to fulfill this mission more fully. Many employers, including the US military, are requiring that employees be vaccinated, based on guidance from the CDC.

**Q: Which vaccines will the City of Newton accept?**

A: The City will accept all vaccines that have received either Emergency Use Authorization or final approval from the US Food and Drug Administration, as well as those vaccines with an emergency use listing from the World Health Organization.

**Q: How do I apply for a medical or religious exemption?**

A: Medical or religious exemptions must be submitted in writing using the forms included with this policy. They must be sent to the Department of Human Resources no later than the applicable deadline indicated in Section 4(b)(i) of this Policy.

**Q: Personally, I do not believe in getting the vaccine. May I apply for an exemption?**

A: The City of Newton will not grant exemptions to this policy for personal or philosophical reasons. To receive an exemption, you must share proof that a medical condition, documented by a physician, prevents you from receiving the COVID-19 vaccine or demonstrate a sincerely held religious objection to the vaccine.

**Q: If I cannot or do not want to receive the vaccine, may I instead work remotely?**

A: No. As the City of Newton continues to scale up operations, all employees will be expected to return to work in various capacities, with very few exceptions. As a result, all City of Newton employees who need to access the workplace, even intermittently, to perform their jobs are required to be fully vaccinated, unless they receive a medical or religious exemption.

**Q: What will happen to my vaccination record?**

A: All vaccination information will be stored on a secured server separate from other personnel files; only authorized personnel will have access to these records on a limited basis for required business purposes.

**Q: What if I decline to get vaccinated or share my proof of vaccination?**

A: As of the compliance date indicated in Section 3 of the policy, employees without approved exemptions who have not provided proof of vaccination will not be allowed to return to work, unless an extension is granted by Human Resources pending review of a medical or religious exemption request.

**Q: What happens if I submit a fake vaccination record?**

**A:** The F.B.I. considers the falsification of vaccination records to be a crime punishable by a fine and possible imprisonment. The City may refer such falsified records to the proper authorities for investigation and prosecution. The City may also conduct an independent investigation into the submission of falsified records in connection with this policy, which may result in discipline, up to and including termination from employment.

**Q: Who can I go to with questions about the requirements not answered in this Q&A section?**

**A:** Please contact the Department of Human Resources, for questions regarding the vaccination requirement. If you have questions regarding the vaccine and other public health concerns, please contact the Department of Health and Human Services.

**Attachment B**  
**Medical Exemption Request Form**

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2, before returning this form to the Department of Human Resources. Be sure to sign both pages of the request where noted. Requests must be received by the Department of Human Resources no later than:

|                            |   |
|----------------------------|---|
| Friday<br>October 8, 2021  | All nonunion H-grade employees and MNA HHS School Nurses  |
| Friday<br>December 3, 2021 | All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863. |

The submission of this form does not constitute an exemption approval and exemptions are not guaranteed. The City reserves the right to request additional documentation supporting the need for an exemption. The City will keep confidential any medical information obtained in connection with requests for exemption.

Forms should be submitted electronically, when possible, via a secure email: [vaccinepolicy@newtonma.gov](mailto:vaccinepolicy@newtonma.gov). If you are unable to submit via email, you may also submit this form by secure fax to 617-454-5792 or by sending directly to the Human Resources Department located at Newton City Hall, Room 210, 1000 Commonwealth Avenue, Newton MA 02459.

**Section 1:**

|                       |           |
|-----------------------|-----------|
| Name (print or type): | Date:     |
| Dept.:                | Position: |
| Email:                | Phone:    |

I am requesting a medical exemption from the City of Newton's COVID-19 vaccination policy. I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination from employment.

I further understand that the City of Newton is not required to provide this exemption accommodation if doing so would create an undue hardship for the City of Newton.

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

**Section 2:**  
**Medical Certification for Vaccination Exemption**

|                |       |
|----------------|-------|
| Employee Name: | Date: |
|----------------|-------|

Dear Medical Provider,

The City of Newton requires COVID-19 vaccination of its employees as a condition of employment. The individual named above is seeking an exemption to this policy for medical reasons.

Please complete this form to assist the City of Newton in the reasonable accommodation process.

|  |
|--|
| <b>The person named above should not receive the COVID-19 vaccine due to:</b>  |
| <b>This exemption should be:</b><br><br><input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____<br><input type="checkbox"/> Permanent |
| <b>Describe any accommodations that you believe might address this employee's needs:</b>   |

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

|  |                 |
|--|-----------------|
| Medical Provider Name (print or type): |                 |
| Medical Provider Signature:            | Date:           |
| Practice Name and Address:             | Provider Phone: |

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|



**Attachment C**  
**Religious Exemption Request Form**

To request an exemption from required vaccinations, please complete Sections 1 and 2 below and return to the Department of Human Resources. Be sure to sign both pages of the request where noted. Requests must be received by the Department of Human Resources no later than:

|                            |   |
|----------------------------|---|
| Friday<br>October 8, 2021  | All nonunion H-grade employees and MNA HHS School Nurses  |
| Friday<br>December 3, 2021 | All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863. |

The submission of this form does not constitute an exemption approval and exemptions are not guaranteed. The City reserves the right to request additional documentation supporting the need for an exemption.

Forms should be submitted electronically, when possible, via a secure email: [vaccinepolicy@newtonma.gov](mailto:vaccinepolicy@newtonma.gov). If you are unable to submit via email, you may also submit this form by secure fax to 617-454-5792 or by sending directly to the Human Resources Department located at Newton City Hall, Room 210, 1000 Commonwealth Avenue, Newton MA 02459.

**Section 1:**

|                       |           |
|-----------------------|-----------|
| Name (print or type): | Date:     |
| Dept.:                | Position: |
| Email:                | Phone:    |

I am requesting a religious exemption from the City of Newton's COVID-19 vaccination policy. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I further understand that the City of Newton is not required to provide this exemption accommodation if doing so would create an undue hardship for the City of Newton. I understand that the City of Newton may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination from employment.

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

**Section 2:**

|   |
|---|
| Length of time the accommodation is needed:   |
| Describe the religious belief or practice that necessitates this request for accommodation: |
| Describe any alternate accommodations that you believe might address your needs:            |

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

**Attachment D**  
**COVID-19 Vaccination Policy**  
**COVID-19 Resources**

**Department of Human Resources**

[hr@newtonma.gov](mailto:hr@newtonma.gov)

(617) 796-1260

Newton City Hall, Room 210  
1000 Commonwealth Avenue  
Newton, MA 02459

**Department of Human Resources Employee COVID-19 website:**

<https://newtonma.gov/HRcovid19>

**Department of Health and Human Services**

[health@newtonma.gov](mailto:health@newtonma.gov)

(617) 796-1420

Newton City Hall, Room 107  
1000 Commonwealth Ave  
Newton, MA 02459

**Department of Health and Human Services**

<https://www.newtonma.gov/government/health-human-services>

**Massachusetts Department of Public Health**

<https://www.mass.gov/orgs/departments-of-public-health>

**Centers for Disease Control and Prevention**

<https://www.cdc.gov>

**Federal Food and Drug Administration**

<https://www.fda.gov>

**World Health Organization**

<https://www.who.int>