

**Memorandum of Understanding
Between
IBEW Local 48
And
Oregon-Columbia Chapter, NECA**

The Oregon-Columbia Chapter, NECA (NECA) and IBEW Local 48 (Local 48) recognize that customers who chose to hire employers signatory to Local 48 can create and impose policies restricting access to their property. Additionally, general contractors choosing to hire employers signatory to Local 48 can create and impose policies restricting access to the jobsite on which they are the general contractor.

In light of an increase in customer and general contractor policies related to COVID-19 vaccination status, NECA and Local 48 agree to the following:

- If a customer imposes a policy requiring an employer to provide verification that employees working on the customer's property have **either** received COVID-19 vaccinations **or have employer-approved exemptions to obtaining COVID-19 vaccinations**, the employer must first obtain written consent from their employees to have this information shared. Employees who have **either** provided proof of vaccination **or documentation to obtain an exemption** to their employer have not inherently given permission for their vaccination status to be shared with anyone beyond their employer.
- Employers must submit the customer policy requiring proof of vaccination status **and/or proof of exemption status** to Local 48 for verification prior to sharing any employee vaccination **and/or exemption** information with that customer.
- Employers placing a call through the Hiring Hall that requires compliance with a customer-imposed vaccination policy must provide the specific requirements of that customer policy in the call (proof of vaccination, test requirements in lieu of vaccination, etc.) and must provide a copy of the customer's policy to Dispatch at the time the call request is made.
- Local 48 anticipates that all customer policies will have medical and religious exemptions to vaccination requirements in line with the Americans with Disabilities Act and Title VII of the Civil Rights Act. In order to create consistency when addressing these exemptions, all signatory employers will utilize the exemption forms attached to this MOU.
- If employees consent in writing to having the fact that they are vaccinated **or that they have employer-approved exemptions to vaccination** shared with a customer, and Local 48 has verified the customer's policy, then the employer may share a list of the names of vaccinated individuals **and/or a list of the names of individuals with an employer-approved exemption**. The employer may not share actual vaccination cards or copies of vaccination cards with the customer unless Local 48 has verified that sharing copies of vaccination cards or showing a vaccination card for entry to a jobsite is an actual customer requirement. **Employers may share the exemption status of the employee with a**

customer, but cannot share the documentation the employee provided to the employer for the purpose of obtaining an exemption.

- Only the appropriate Management personnel should have access to vaccination documentation, including the list of vaccinated individuals and/or the list of individuals with employer-approved exemptions, and those same personnel are to transmit that information to the customer in a confidential manner.
- Employers will obtain agreement from customers that these lists will be kept confidential by the customer to the fullest extent possible.
- All of the requirements above apply when a general contractor has a policy requiring verification of vaccination status.

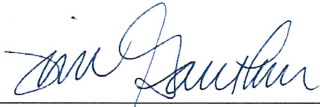
Employees who choose not to provide proof of vaccination status to their employer will face no retaliation for choosing not to do so. If such an employee is on a jobsite where a customer or general contractor has a verified proof of vaccination policy in place, then the employer will make every reasonable effort to relocate the employee to a jobsite without such a policy. If no other location is available, or the employee is unwilling to transfer to another jobsite, the employer will provide the employee with a clean reduction in force.

When an alternative to vaccination is available under the customer or general contractor vaccination policy (i.e. COVID-19 testing on a regular basis), employees will test on their personal time and those employees will be responsible for the cost of the test as well. Employees with approved medical or religious exemptions should be offered relocation to a job site without vaccination requirements. When relocation of employees with medical or religious exemptions is not available and testing is the only option, employer will compensate the employee for one hour and the cost of the test will be paid by health coverage.

Dated this 11th day of November 2021.

OREGON-COLUMBIA CHAPTER, NECA

By: _____


Timothy J. Gauthier
Executive Manager

LOCAL UNION 48, IBEW

By: _____


Garth Bachman
Business Manager

COVID-19 Vaccine Medical Exemption Request Form

Notice to individual requesting a medical exemption to the COVID-19 vaccination requirement:

If this exemption request is approved, you may be required per a customer or general contractor policy to take additional steps to protect yourself and others from contracting and spreading COVID-19, including but not limited to taking COVID-19 tests on a regular basis on your own time and at your own expense.

I am requesting an exception from the customer or general contractor COVID-19 vaccination requirement on the basis of a diagnosed physical or mental condition that limits my ability to receive the COVID-19 vaccination, as certified by my medical provider below.

Name of Individual Requesting Exemption:
Signature of Individual Requesting Exemption:
Employer:
Jobsite with Vaccination Requirement Policy in Place:

Statement from Medical Provider

Your patient, named above, has requested an exemption to the COVID-19 vaccination requirement due to a medical condition. Please check an option below and complete the related questions.

☒ The patient should not receive the COVID-19 vaccination due to a medical condition.

What is the medical condition that prevents the above-named individual from receiving the COVID-19 vaccination?

Is the medical condition permanent?

Yes ☐

No ☐

Is the medical condition temporary?

Yes ☐

No ☐

If yes, what is the expected duration?

Please describe how this medical condition impacts the individual's ability to receive the COVID-19 vaccination.

☐ The patient may receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by _____.

☐ The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Printed Name of Medical Provider:	Date:
Signature of Medical Provider:	Work Address:
	Work Telephone Number:

Note to Employer: This document is to be kept **confidential**, and should not be shared with any customer, general contractor, other employer, or supervisor other than the designated individual(s) within Human Resources.

Authorization to Share Status ONLY

Through my signature below, I authorize my employer to share that I have an employer-approved exemption with a customer or general contractor, if sharing this information is required by a customer and/or general contractor policy. Only my status as having an approved exemption may be shared, and not the reasoning behind my exemption, nor any documentation related to my exemption.

Employee Signature

Date

COVID-19 Vaccine Religious Exemption Request Form

Notice to individual requesting a religious exemption to the COVID-19 vaccination requirement:

If this exemption request is approved, you may be required per a customer or general contractor policy to take additional steps to protect yourself and others from contracting and spreading COVID-19, including but not limited to taking COVID-19 tests on a regular basis on your own time and at your own expense.

Name of Individual Requesting Exemption:
Signature of Individual Requesting Exemption:
Employer:
Jobsite with Vaccination Requirement Policy in Place:

Please check the boxes below as appropriate and complete related questions:

- ☐ Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination.

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above. I understand that if I am found to have provided false information on this exemption request form, I may be subject to discipline, including but not limited to termination.

Signature:	Date:
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Note to Employer: This document is to be kept **confidential**, and should not be shared with any customer, general contractor, other employer, or supervisor other than the designated individual(s) within Human Resources.

Authorization to Share Status ONLY

Through my signature below, I authorize my employer to share that I have an employer-approved exemption with a customer or general contractor, if sharing this information is required by a customer and/or general contractor policy. Only my status as having an approved exemption may be shared, and not the reasoning behind my exemption, nor any documentation related to my exemption.

Employee Signature

Date