



ILLINOIS LABORERS' & CONTRACTORS JOINT APPRENTICESHIP & TRAINING PROGRAM

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November 10, 2021

Dear Trainee:

Please be advised that Governor Pritzker issued an Executive Order that requires all educational institutions in the State of Illinois, including vocational and technical schools like the Training Program, to mandate COVID-19 vaccinations for students and staff.

To comply with the legal mandate and Executive Order, the Training Program adopted a Vaccination Policy. The Vaccination Policy is attached hereto and is also available at www.illaborers.org. For your review, a Summary of the Training Program's Vaccination Policy is also attached.

The Training Program's Vaccination Policy is effective November 29, 2021. As described in the Vaccination Policy, all apprentices, journeyman, and Training Program personnel must (i) be fully vaccinated, (ii) have received a single dose COVID-19 vaccination (such as the Johnson & Johnson vaccine) or a first dose of a two-dose COVID 19 vaccination (such as Pfizer or Moderna), or (iii) apply for a religious or medical exemption by November 29, 2021. If you intend to submit an exemption based on religious or medical reasons, you must comply with the exemption procedures in the Vaccination Policy and use the applicable forms. Unless otherwise specified by the Training Program, weekly testing is **NOT** an option for apprentices, journeyman, and Training Program personnel who choose not to get vaccinated or who do not qualify for an exemption.

Please note, the vaccination and/or testing requirements apply to apprentices and journeypersons while they are required to enter a Training Program facility (i.e., to attend training). If you are not scheduled to attend training until a later date, then you do not have to comply with the Vaccination Policy until you are required to be at the Training Program's facilities. However, the Training Program encourages apprentices and journeypersons to comply with this policy as soon as possible to avoid delays that may occur with vaccinations, testing and/or complying with the exemption procedures.

As required by the Executive Order, the Training Program reserves the right to exclude any person from the Training Program's facilities who is not fully vaccinated, fails to be tested when required, fails to submit proof of vaccination or fails to submit a completed exemption form by the above deadlines. Additionally, any apprentice or journeyman who cannot attend classes as a result of failing to abide by the terms of this Vaccination Policy may be treated as absent per the Training Program's policies.

Thank you in advance for your cooperation and compliance with this legally mandated Vaccination Policy. Should you have any questions regarding this matter, please contact me.

Sincerely,

John Penn
Chairman of the Board of Trustees



Summary of Vaccination Policy

The Illinois Laborers' and Contractors Joint Apprenticeship & Training Program ("Training Program") adopted a Vaccination Policy to comply with Governor Pritzker's Executive Order that applies training programs.

As described below, all apprentices, journeypersons, and Training Program personnel who enter the Training Program's facilities **must either be fully vaccinated or be exempt from the vaccination requirement pursuant to the religious or medical exemptions.**

The following is a brief description of the Vaccination Policy:

- Effective November 29, 2021, **all apprentices, journeyman, and personnel** who work or enter at any Training Program facility **will be required to show proof of:**
 - **Being fully vaccinated:**
 - **You have received a single dose COVID-19 vaccination (such as the Johnson & Johnson vaccine) or a first dose of a two-dose COVID 19 vaccination (such as Pfizer or Moderna); or**
 - **A Religious or Medical Exemption to the vaccination requirement.**
- You are considered to be "fully" vaccinated (i) two (2) weeks after your second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or (ii) two (2) weeks after a single-dose vaccine, such as Johnson & Johnson's vaccine.
- You must provide proof of vaccination status to be considered "fully" vaccinated or to be eligible for testing pending becoming "fully" vaccinated.
- If you submit an exemption request and your request is approved or if you are not "fully" vaccinated because of the two-week waiting period or you require another dose, then you will be subject to the weekly testing requirement (i.e., you must provide a negative COVID-19 test within 72 hours of the date that you are required to be at the Training Program's facility). To be eligible for weekly testing until you are "fully" vaccinated, you must also receive the second dose in two-dose vaccination series within the thirty (30) days following the first dose. For persons attending weekly training, a negative test (dated within 72 hours) must be provided every Wednesday.
- Unless otherwise specified, **only persons who have a religious or medical exemption may opt for weekly Covid-19 testing instead of providing proof of vaccination.**
- Apprentices, journeyman, and Training Program personnel who **do not comply** with the Training Program's Vaccination Policy **may not be allowed on the Training Program's property** and **may be disciplined** as described in the Vaccination Policy.
- Apprentices and/or journeypersons subject to the testing requirement are responsible for the costs associated with such weekly tests.
- Documentation regarding your vaccination status or, if applicable, whether you are exempt will be kept confidential as required by law.
- Face masks must be worn by all persons who enter the Training Program's indoor facilities.

This is a summary of the Training Program's Vaccination Policy. For all details, please review the Vaccination Policy.

ILLINOIS LABORERS' AND CONTRACTORS APPRENTICESHIP TRAINING TRUST FUND

VACCINATION POLICY

WHEREAS, on August 26, 2021, Governor Pritzker promulgated Executive Order 2021-20;

WHEREAS, Executive Order 2021-20 contains vaccination requirements for Higher Education;

WHEREAS, Executive Order 2021-20 defines an "Institution of Higher Education" to include any "business, technical or vocational school, or other educational institution offering degrees, programs or instruction beyond the secondary school level."

WHEREAS, the Illinois Laborers' and Contractors Apprenticeship Training Trust Fund ("Training Program") is an "Institution of Higher Education" as described in the Executive Order.

WHEREAS, the Training Program has determined that the health, safety and welfare of the Training Program's employees and trainees, including apprentices and journeypersons, and the need to avoid an interruption of the Training Program's operations, necessitate adopting a vaccination policy incorporating the requirements set forth in Executive Order 2021-20.

NOW THEREFORE, the Board of Trustees for the Training Program hereby adopt the following Vaccination Policy regarding COVID-19 Vaccination Requirements to comply with Executive Order 2021-20 and protect the health, safety and welfare of the Training Program's employees and trainees.

A. Vaccination Requirement

All Training Program Personnel, Apprentices and Journeypersons must have, at a minimum, the (i) first dose of a two-dose COVID-19 vaccine series or a (ii) single-dose COVID-19 vaccine by November 29, 2021, and receive the second dose in a two-dose vaccination series within 30 days following administration of their first dose.

After November 29, 2021, all Training Program Personnel, Apprentices and Journeypersons who are not "fully vaccinated" must be tested consistent with the requirements of Section C below.

All Training Program Personnel, Apprentices and Journeypersons who refuse to receive a COVID-19 vaccination and fail to submit proof of vaccination or who fail to submit a completed exemption form by the timeframes outlined in this Policy will be subject to the consequences outlined in Section D. below.

B. Proof of Vaccination

To establish that they are fully vaccinated against COVID-19, Training Program Personnel, Apprentices, and Journeypersons must provide proof of full vaccination against COVID-19 to the Training Program.

A person is considered to be fully vaccinated (i) two (2) weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or (ii) two (2) weeks after a single-dose vaccine, such as Johnson & Johnson's vaccine.

Proof of COVID-19 vaccination may be met by providing one of the following:

- 1) A CDC COVID-19 vaccination record card or photograph of the card;
- 2) Documentation of vaccination from a health care provider or electronic healthrecord; or
- 3) State immunization records

C. Testing

Beginning November 29, 2021, to enter or work at any Training Program facility, all Training Program Personnel and all trainees, including apprentices and journeypersons who have not been fully vaccinated against COVID-19 shall undergo testing for COVID-19, until they establish that they are fully vaccinated against COVID-19.

Training Program Personnel, Apprentices, and Journeypersons who are exempt from the vaccination requirement under Section F must submit their exemption request by the date specified below and must provide weekly negative COVID-19 tests as specified in this policy.

Unless otherwise specified by the Training Program, weekly testing is only permitted as a transition option until Training Program Personnel, Apprentices, and Journeypersons become fully vaccinated by the deadline set forth in Section A above or qualify for an exemption. Weekly testing is **NOT** an option for Apprentices, Journeypersons, and Training Program Personnel who are not vaccinated by the timeframes in Section A above or who do not qualify for an exemption.

Notwithstanding the foregoing, the Training Program will accept proof of a negative test within 72 hours of the start of class for classes that are two days or less (*i.e., the Training Program will not require apprentices or trainees to submit an exemption request or otherwise comply with the vaccination requirement*).

Training Program Personnel, Apprentices, and Journeypersons who are not fully vaccinated against COVID-19 must be tested **weekly**. Unless otherwise specified, Training Program Personnel, Apprentices, and Journeypersons must provide a negative COVID-19 test by each **Wednesday** of every week. The test must have been conducted within 72 hours of the date it is submitted.

The weekly testing requirements stated above apply to apprentices and journeypersons while they are required to enter a Training Program facility (*i.e., to attend training*). The weekly testing requirements DO NOT apply during periods where apprentices and journeymen are not required to enter one of the Training Program's facilities. The testing requirements apply to all Training Program Personnel after the effective date of this policy.

The JATC shall exclude any Apprentice, JATC Personnel and anyone else receiving training who are not fully vaccinated against COVID-19 from the premises unless they comply with the testing requirements specified in this section.

All tests must be done using a test that either has Emergency Use Authorization by the FDA or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Tests that do not meet these standards cannot be accepted.

For information about testing locations, please refer to the Training Program's website.

D. Violations of this Policy

Trainees

Any Trainee who is excluded from entrance into the Training Program's facilities pursuant to this policy shall be treated as absent under the terms of the Training Program's attendance policy.

Personnel

Any Training Program Personnel who are excluded from entrance into the Training Program's facilities pursuant to this policy shall be treated as absent. Any and all vacation, personal, sick or other paid time off ("PTO") shall be used for each day of absence until all PTO is exhausted. Once the individual has exhausted all

available PTO, the individual will be treated as absent without leave and subject to discipline.

E. Expenses and Wages/Salary

Apprentices/Journeypersons.

The time spent by Apprentices and Journeypersons obtaining the vaccine and being tested as described in Section C and any cost incurred is not the responsibility of the Training Program.

Training Program Personnel.

Time spent by Training Program Personnel getting tested or receiving a vaccine, and expenses incurred will be covered by the Training Program to the extent required by law. Contact the Administrator for more information.

F. Exemptions

Individuals are exempt from the requirement to be fully vaccinated against COVID-19 if:

- 1) Vaccination is medically contraindicated, including any individual who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation; or
- 2) Vaccination would require the individual to violate or forgo a sincerely held religious belief, practice, or observance

Individuals who are exempt for the reason described above, must submit an exemption request as described in the Vaccination Exemption Procedures by November 29, 2021. If an individual is not required to be at the Training Program's facilities until a later date, then the individual is not required to submit an exemption request by November 29, 2021. However, the individual must submit the exemption request at least two weeks before he/she is scheduled to be at the Training Program's facilities.

Individuals exempt under these exemptions must provide weekly negative COVID-19 tests as described above.

G. Verification

All verification of testing and vaccination shall be managed by the Training Program and/or its designee. All test and vaccination information shared with the Training Program per the executive order and the policy of the Training Program shall be confidential.

VACCINATION EXEMPTION PROCEDURES

Medical Exemption

Medical Exemptions are available to individuals whose physician documents a verified medical reason to not receive the Covid-19 vaccine, such as diagnosis of one of the conditions the CDC considers a contraindication for the COVID-19 vaccination. Contraindications include a severe allergic reaction after a previous dose or to a component of the COVID-19 vaccine, or an immediate allergic reaction of any severity to a previous dose or a known (diagnosed) allergy to any component of the vaccine. Please keep in mind that the CDC recommends that individuals with most pre-existing conditions receive the vaccine to protect their health and safety. More information from the CDC is available at CDC.gov. To submit a request to be considered for a medical exemption, please fill out the attached form. Both you and your physician will need to complete and sign the appropriate sections.

Religious Exemption

Religious Exemptions are available to individuals whose sincerely held religious beliefs and practices do not allow for Covid-19 vaccination. Please keep in mind that very few religious groups have tenets that oppose vaccination generally or the Covid-19 vaccination specifically. To submit a request to be considered for a religious objection, please fill out the attached form. You will need to complete and sign the appropriate sections.

Process for Review of Submitted Exemption Requests

- Employees/trainees must submit the exemption form to Training Program's Administrator.
- Employees/trainees must provide a weekly negative COVID-19 test while their exemption request is pending.
- The Administrator or his/her designee will review the request and determine if additional information is required.
- If no information is required, the Administrator will make a decision regarding the request.
- The final decision will be communicated to the employee/apprentice within ten (10) calendar days of submission to the Training Program and receipt of all requested documentation.
- If an employee/apprentice wishes to request a reconsideration of a decision on an exemption request, a written request shall be addressed to the Training Program's Board of Trustees within five (5) working days of notification of the decision. The reconsideration request shall include the reasons that a reconsideration is being requested.
- After a complete review of the matter, a decision shall be made, and the employee/apprentice shall be notified. The Board of Trustees' decision on this recommendation shall constitute a final action by the Training Program on the exemption request.
- At the Training Program's discretion, the employee/apprentice is expected to continue working while their exemption request is pending.
- In the event of a denial, the employee/apprentice shall have seven (7) days from the date of the final decision to get their first dose of the vaccine and must be in full compliance with the policy within 35 days of the final decision.

Employee/Apprentice Acknowledgement/Verification

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with the mitigation measures required of me by the Training Program. Such measures include but are not limited to: participating in periodic COVID-19 testing at a frequency determined by the Training Program, providing proof of COVID-19 testing, wearing face masks (including N95, KN95, and surgical masks) and maintaining certain physical distancing as determined by the Training Program. I understand that I may be required to curtail certain activities if the Training Program determines that participation of unvaccinated individuals presents an unreasonable risk to the Training Program. I understand that my request for an exemption may not be granted or may be modified or rescinded to minimize the risk to the Training Program. I understand that by not obtaining the approved COVID-19 vaccine, I may be at increased risk of acquiring the COVID-19 virus. I have been notified of the mandatory vaccination requirement as a condition of continued employment. However, I am declining the COVID-19 vaccination for the reason set forth in this request. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease. I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including discharge.

Signature

Date:

Print Name:

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those employees who have a need to know.

REQUEST FOR MEDICAL EXEMPTION
FROM COVID-19 VACCINATION

If you have an allergy to the COVID-19 vaccine or a specific, documented medical condition that precludes receiving the COVID-19 vaccine and you seek a medical exemption from the COVID-19 vaccination requirement, please consult with your physician and provide the following information.

Please print the following information:

Name: _____

Physician Name: _____

Physician Phone No.: _____

Physician Address: _____

Dear Physician:

The Training Program requires COVID-19 vaccinations for all employees and trainees who are working on site at any of the Training Program's facilities. A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinicalconsiderations.html>).

Please complete the form below. Thank you.

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

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine

For vaccine ingredients see: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/index.html>

Which ingredient caused an allergic reaction? _____

What was the reaction? _____

Which brand of the COVID-19 vaccine is contraindicated and why? _____

How long will the medical contraindication last? _____

*****Please provide any medical records that document the date of the prior vaccine and the reaction thereto.

- Other Medical Reason – Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail. Please include reference materials (websites maintained by the C.D.C. or other government agencies, publications by medical associations, articles in medical journals, scientific studies, etc.) that support the medical exemption requested.

Physician Certification

I certify that _____ has the above contraindication or specific medical condition and request a medical exemption from COVID-19 vaccination.

Physician Signature: _____

Date: _____

(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: _____ **NPI No.:** _____

Employee/Apprentice Acknowledgement/Verification

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with the mitigation measures required of me by the Training Program. Such measures include but are not limited to: participating in periodic COVID-19 testing at a frequency determined by the Training Program, providing proof of COVID-19 testing, wearing face masks (including N95, KN95, and surgical masks) and maintaining certain physical distancing as determined by the Training Program. I understand that I may be required to curtail certain activities if the Training Program determines that participation of unvaccinated individuals presents an unreasonable risk to the Training Program. I understand that my request for an exemption may not be granted or may be modified or rescinded to minimize the risk to the Training Program. I understand that by not obtaining the approved COVID-19 vaccine, I may be at increased risk of acquiring the COVID-19 virus. I have been notified of the mandatory vaccination requirement as a condition of continued employment. However, I am declining the COVID-19 vaccination for the reason set forth in this request. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease. I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including discharge.

Signature: _____

Date: _____

Print Name: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those employees who have a need to know.