

**From:** Gregory Smith  
**Sent:** Friday, September 24, 2021 1:52 PM  
**Subject:** SDCCD Vaccination Requirement Update  
**Attachments:** Vaccination Confirmation Form Instructions.pdf; SDCCD COVID Vaccine Requirement Resolution SIGNED.pdf

Hello SDCCD Community,

This message provides updates on two important topics:

**Board of Trustees Resolution Regarding a COVID-19 Vaccination Requirement for Employees  
CDC Approval of Booster Doses of the Pfizer Vaccine for Public Education Employees**

**Please read this message carefully for work direction that may apply to you.**

At last night's meeting of the Board of Trustees, the Board unanimously approved a resolution directing the Chancellor to implement a COVID-19 vaccination requirement for all employees. The requirement also applies to students and members of the public accessing onsite instruction and services throughout the District. This decision is the culmination of many months of discussion with stakeholders throughout the District, including collective bargaining representatives, Academic and Classified Senate representatives, Associated Student Government representatives, and managers, supervisors, and employees in instruction, student services, and a wide range of operational areas. In every discussion, the primary concern has been the health and safety of everyone working, attending, and receiving services throughout our District. Adding a requirement which limits access to attend and work at our Colleges and District is a difficult, but necessary, decision given the devastating impacts of COVID-19 on our communities and the urgency for resuming in-person instruction and services.

**COVID-19 Vaccination Requirement for Employees**

All employees of the San Diego Community College District will be required to be fully vaccinated against COVID-19 or have an approved exemption. **The timeline for employees who are not yet fully vaccinated to comply will be announced in a subsequent email.** All employees who are not fully vaccinated are strongly encouraged to begin the process as soon as possible. The District follows the definition of "fully vaccinated" provided by the Centers for Disease Control (CDC), which is 14 days after the final dose in an authorized vaccine series. All vaccines authorized by the CDC, Federal Drug Administration (FDA), and World Health Organization (WHO) are accepted by the District. In the United States, there are three vaccines currently available with full or emergency approval by the FDA: Pfizer, Moderna, and Johnson & Johnson. The Pfizer and Moderna vaccines are a two dose series and it takes five weeks to be fully vaccinated. The Johnson & Johnson vaccine is a single dose and it takes two weeks to be fully vaccinated. All three vaccines are available at no cost throughout San Diego County and the United States through county vaccination clinics, medical providers, and retail pharmacies.

If you have already provided documentation of your vaccination status and received a confirmation of your submission, you do not need to do anything further. **If you have not previously submitted your vaccination documentation, you must do so by Friday, October 8, 2021.**

[Submitting Vaccination Documentation](#)

If you are fully vaccinated against COVID-19, but have not provided documentation, you must submit a form stating you are fully vaccinated; the date of your most recent vaccination dose; a copy of your vaccination record card, State of California SMART Health Card showing your vaccination record, email confirmation of vaccination, or other documentation showing you have been fully vaccinated; and authorization for the District to use information about your vaccination status for employment-related reasons. You may obtain your California SMART Health Card at <https://myvaccinerecord.cdph.ca.gov/>. Attached are detailed instructions on completing the vaccination confirmation form. PLEASE DO NOT SUBMIT THIS FORM UNTIL YOU HAVE RECEIVED YOUR FINAL VACCINE DOSE. If you are not fully vaccinated at this time, please submit this form after you receive your final dose (2<sup>nd</sup> dose of the Pfizer and Moderna vaccine or one dose of the Johnson & Johnson vaccine).

#### Requesting an Exemption from the Vaccine Requirement

As required by Federal and State law, the District will evaluate requests for an exemption from this requirement based on a medical condition or a sincerely-held religious belief. Exemptions will be considered on an individual basis. Employees approved for an exemption will go through an interactive process to determine whether a reasonable accommodation to the vaccination requirement can be made without posing a health and safety risk to others. Reasonable accommodations may include periodic COVID-19 testing, changes in work assignments, changes in work schedules, changes in work location, and other appropriate measures. Accommodations are evaluated on an individual basis within the specific reasons for an exemption, work performed, environment in which work is performed, and related relevant factors.

If you have previously submitted an exemption request based on a medical condition and received approval, you do not need to do anything further at this time. If additional information is needed, a Human Resources representative will contact you directly.

If you have previously submitted an exemption request based on a sincerely-held religious belief, you will need to submit an updated request providing additional information. Beginning Monday, September 27<sup>th</sup>, the revised religious exemption request form will be available in PeopleSoft within the “Employee Dashboard” and “My Forms” link. The prior exemption request form has been disabled and you will not be able to access it at this time. Specific instructions on completing the exemption request form will be provided in a subsequent email.

**If you have not previously submitted an exemption request based on a medical condition or sincerely-held religious belief, you must do so by October 8, 2021.**

**Employees who do not submit their vaccination documentation and are not approved for an exemption will be subject to discipline.**

#### **Booster Doses of the Pfizer Vaccine for Public Education Employees**

Earlier today (September 24, 2021), the CDC approved a 3<sup>rd</sup> dose of the Pfizer COVID-19 vaccine for individuals 65 or older, 18 or older and with underlying conditions putting them at higher risk, and individuals with high occupational risk of infection, including public education employees. The CDC had not changed the definition of “fully vaccinated” to require a booster dose of the Pfizer vaccine at this time. Based on the information available at this time, we believe all San Diego Community College District employees who received the Pfizer vaccine more than six months ago (currently, in March 2021) are eligible for a booster dose. CVS has announced it will begin accepting appointments for Pfizer booster doses immediately. Employees interested in a booster dose should contact vaccine providers directly for information about availability and appointments. At this time, the District will not be providing vaccination onsite at District facilities for employees.

To reiterate, employees are not required to get a booster dose to comply with the District’s vaccination requirement at this time.

Currently, booster doses for the Moderna and Johnson & Johnson vaccines are being studied and are not authorized by the CDC or FDA. Further information will be provided if additional booster doses are approved and if the CDC updates the definition of “fully vaccinated”.

The District provides data on COVID-19 infections in California, San Diego County, and among employees and students on our COVID-19 information and resources website: <https://www.sdccd.edu/about/departments-and-offices/human-resources/risk-management/covid-employees.aspx>. Data are updated weekly.

COVID-19 testing will continue to be available at the District Office, City College, Mesa College, Miramar College, and Educational Cultural Complex for any employee interested in getting tested. COVID-19 testing will continue to be required weekly for all employees who have not submitted documentation showing they are fully vaccinated. For a complete schedule of testing locations, days, and times and instructions for making an appointment, please visit the COVID-19 information website: <https://www.sdccd.edu/about/departments-and-offices/human-resources/risk-management/covid-employees.aspx> and select the **COVID-19 TESTING PROCEDURES** link.

Thank you for your prompt attention to this important matter.

Greg

Gregory Smith  
Vice Chancellor, Human Resources  
Office: 619-388-6589  
Fax: 619-388-6897  
[gsmith@sdccd.edu](mailto:gsmith@sdccd.edu)



**SAN DIEGO  
COMMUNITY COLLEGE  
DISTRICT**



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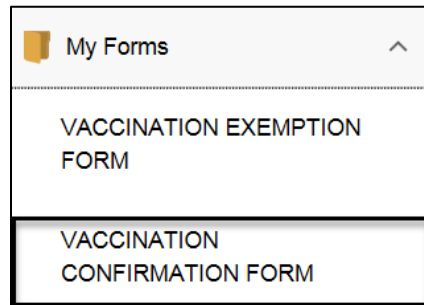


## HOW TO SUBMIT A VACCINATION CONFIRMATION FORM

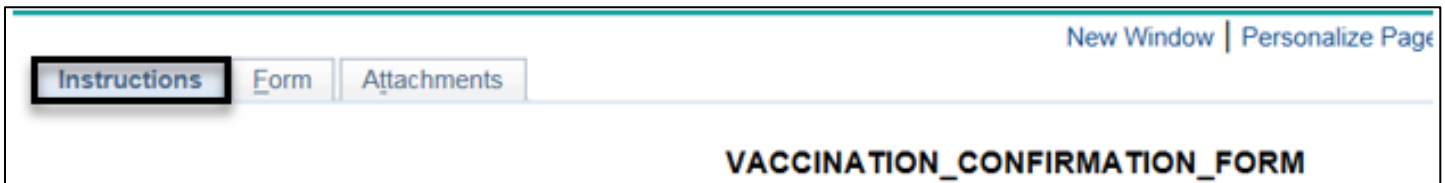
### INSTRUCTIONS

These instructions will go over the process of submitting a vaccination confirmation form in PeopleSoft. Please note, there are separate instructions on how to submit a vaccination exemption form.

STEP	Instructions
1)	<p>Log in to PeopleSoft. Click on  and  navigate to:</p> <p><b>Employee Dashboard → My Forms → VACCINATION CONFIRMATION FORM</b></p>



STEP	Instructions
2)	<p>The <b>VACCINATION CONFIRMATION FORM</b> is for employees who have received their second dose of either the Moderna or Pfizer COVID-19 vaccination, or a single dose of the Johnson &amp; Johnson vaccination.</p> <p>Select the <b>Instructions</b> tab and read the instructions prior to submitting your confirmation form.</p>



STEP	Instructions
3)	Select the <b>Form</b> tab to begin completing the vaccination confirmation form.

Instructions **Form** Attachments

VACCINATION\_CONFIRMATION\_FORM

STEP	Instructions
4)	Under <b>Return to Work Date</b> , enter the date (7/1/21 or later) you expect to return to work onsite. If your return to work date is unknown at this time, please leave this field blank.

Instructions **Form** Attachments

VACCINATION\_CONFIRMATION\_FORM

\*Subject

Priority 3-Standard

Status Initial

Return to Work Date

STEP	Instructions
5)	Under <b>Vaccination Status</b> , you must check the box stating you are fully vaccinated and enter the date of your second Pfizer/Moderna or single Johnson & Johnson vaccination.

**Vaccination Status**

Please check the box and enter the appropriate date below. The data entered must be prior to the date you submit this form:

I am fully vaccinated against COVID-19

\*Enter the date of your 2nd Pfizer/Moderna vaccination or single Johnson & Johnson vaccination:

STEP	Instructions
6)	Read the information under <b>AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION</b> . Check the box next to <b>“I Agree”</b> and print your full legal name to agree to the terms.

## AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

I, the undersigned, authorize my employer, San Diego Community College District ("SDCCD"), to use and disclose my medical information as follows:

**Type(s) of medical information to be disclosed:** COVID-19 vaccination information that I provide to SDCCD, including information regarding a medical exemption, if any ("Vaccination Information").

**Persons authorized to use and disclose the medical information:** Employees of SDCCD who have an operational or administrative need to access, use and disclose the information in order to implement SDCCD policies, procedures and programs.

**Persons or entities authorized to receive the medical information:** Employees of SDCCD who have an operational or administrative need to access, use and disclose the Vaccination Information in order to implement SDCCD policies, procedures and programs; outside agencies when legally permitted or required, such as the local health department or the California Department of Industrial Relations; and third-party administrators when required for the administration of SDCCD programs, such as Workers' Compensation and insurance benefits.

**Limitations on the use of the medical information:** The Vaccination Information shall be used only as specified in this authorization, and only for the purposes listed above.

**Duration of the Authorization:** This authorization shall remain valid until cancelled by the undersigned employee, or until the employee is separated from employment with SDCCD, whichever occurs first.

I understand that I may view this authorization at any time through the mySDCCD internet portal, also known as PeopleSoft, and that I may print a copy of this webpage for my records. I understand and acknowledge that by selecting "I agree" and entering my name below, I am authorizing SDCCD to use my vaccination information as stated above and this electronic form has the same force and effect as a paper form with an original signature. By selecting "I agree" and entering my name below, I certify, under the penalty of perjury under the laws of the State of California, that I am the employee submitting this authorization, and I affirm I am telling the truth and I understand a false statement may be considered dishonesty and result in disciplinary action.

I agree ←

\*Please print your full legal name:  ←

STEP	Instructions
7)	When the form is complete, select <b>Save</b> at the bottom of the <b>Form</b> tab.

I agree

\*Please print your full legal name:

←

STEP	Instructions
8)	After selecting <b>Save</b> , a popup will appear asking for you to attach your proof of vaccination prior to your submission. Select <b>Ok</b> .  Please note, "Preview Approval" and "Submit" buttons will also pop up on the <b>Form</b> tab. <b>Do not</b> select either until completing the <b>Attachments</b> tab.

## AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

I, the undersigned, authorize my employer, San Diego Community College District ("SDCCD"), to use and disclose my medical information as follows:

**Type(s) of medical information to be disclosed:** COVID-19 vaccination information, medical exemption, if any ("Vaccination Information").

**Persons authorized to use and disclose the medical information:** Employees of SDCCD access, use and disclose the information in order to implement SDCCD policies, procedures, and programs.

**Persons or entities authorized to receive the medical information:** Employees of SDCCD access, use and disclose the Vaccination Information in order to implement SDCCD policies, procedures, and programs, legally permitted or required, such as the local health department or the California Department of Public Health administrators when required for the administration of SDCCD programs, such as Workers' Compensation and Insurance benefits.

**Limitations on the use of the medical information:** The Vaccination Information shall be used only as specified in this authorization, and only for the purposes stated herein.

Attach documents prior to Submitting. (31002,1)

Please attach proof of vaccination prior to submitting.

OK

Instructions
Form
Attachments

Seq Nbr 14 VACCINATION\_CONFIRMATION\_FORM

\*Subject

Priority 3-Standard ▼ Due Date

Status Initial

Preview Approval
Submit

**Do not select until after Attachments tab is complete.**

STEP	Instructions
9)	Select the <b>Attachments</b> tab.

Instructions
Form
Attachments

Seq Nbr 14 VACCINATION\_CONFIRMATION\_FORM

\*Subject

STEP	Instructions
10)	Under <b>Upload Your Attachments</b> , select <b>Attach</b> to upload your proof of vaccination (copy of vaccination card, email of vaccination confirmation, or other valid confirmation).

Instructions | Form | **Attachments**

Seq Nbr 6 **VACCINATION\_CONFIRMATION\_FORM**

\*Subject

**Download Templates** Personalize | Find | View All | First 1 of 1 Last

Description	Attached File	Open
1		Open

**Upload your attachments** Personalize | Find | View All | First 1 of 1 Last

*Description	Attached File	Attach	Open		
1 <input type="text"/>		<b>Attach</b>	Open		

**NOTE:** After attaching documents, go back to "Form" tab to save form.

STEP	Instructions
11)	Locate the document you would like to attach by selecting <b>Choose File</b> .

Instructions | Form | **Attachments**

Seq Nbr 6 **VACCINATION\_CONFIRMATION\_FORM**

\*Subject

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Description	Attached File	Open
1		Open

**Upload your attachments** Personalize | Find | View All | First 1 of 1 Last

*Description	Attached File	Attach	Open		
1 <input type="text"/>		<b>Attach</b>	Open		

**NOTE:** After attaching documents,

**File Attachment** ×

**Choose File** No file chosen

Upload Cancel

Notify

STEP	Instructions
12)	Select <b>Upload</b> to upload your proof of vaccination.



Instructions | **Form** | Attachments

Seq Nbr: 6 VACCINATION\_CONFIRMATION\_FORM

\*Subject [ ]

**Download Templates** Personalize | Find | View All | [ ] [ ] First 1 of 1 Last

Description	Attached File	Open
1		Open

**Upload your attachments** Personalize | Find | View All | [ ] [ ] First 1 of 1 Last

*Description	Attached File	Attach	Open
1 [ ]		Attach	Open

NOTE: After attaching documents, go back to "Form" tab to save form.

Notify

**File Attachment** [X]

Choose File Proof of Vaccination.docx

Upload Cancel

STEP	Instructions
13)	After uploading your proof of vaccination, return to the <b>Form</b> tab.

Instructions | **Form** | Attachments

Seq Nbr: 6 VACCINATION\_CONFIRMATION\_FORM

\*Subject [ ]

**Download Templates** Personalize | Find | View All | [ ] [ ] First 1 of 1 Last

Description	Attached File	Open
1		Open

**Upload your attachments** Personalize | Find | View All | [ ] [ ] First 1 of 1 Last

*Description	Attached File	Attach	Open
1 Proof_of_Vaccination.docx	Proof_of_Vaccination.docx	Attach	Open

NOTE: After attaching documents, go back to "Form" tab to save form.

STEP	Instructions
14)	Select <b>Save</b> at the bottom of the page. Then, select <b>Submit</b> at the top of the page.

Instructions
Form
Attachments

Seq Nbr 30 **VACCINATION\_CONFIRMATION\_FORM**

\*Subject

Priority 3-Standard Return to Work Date

Status Initial Preview Approval Submit

**Vaccination Status**

Please check the box and enter the appropriate date below. The data entered must be prior to the date you submit this form:

I am fully vaccinated against COVID-19

\*Enter the date of your 2nd Pfizer/Moderna vaccination or single Johnson &  21

Johnson vaccination:

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**Limitations on the use of the medical information:** The Vaccination Information shall be used only as specified in this authorization, and only for the purposes listed above.


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I agree

\*Please print your full legal name:

Save



Instructions Form Attachments

Seq Nbr 30 **VACCINATION\_CONFIRMATION\_FORM**

\*Subject: \_\_\_\_\_

Priority 3-Standard Return to Work Date \_\_\_\_\_

Status Initial Preview Approval **Submit**

**Vaccination Status**

Please check the box and enter the appropriate date below. The data entered must be prior to the date you submit this form:

I am fully vaccinated against COVID-19

\*Enter the date of your 2nd Pfizer/Moderna vaccination or single Johnson & \_\_\_\_\_  
Johnson vaccination:

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OF MEDICAL INFORMATION**

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I agree

\*Please print your full legal name: \_\_\_\_\_

Save

STEP	Instructions
15)	You will receive an email notification once your form has been approved or denied.

## RESOLUTION OF THE BOARD OF TRUSTEES

**WHEREAS**, on March 12, 2020, the San Diego Community College District (District) Board of Trustees unanimously passed a Resolution declaring emergency conditions due to the novel coronavirus, SARS-COV-2 (COVID-19); and

**WHEREAS**, the District and its colleges have provided instruction and services primarily through distance education and remote operations since March 2020, which has enabled the continuation of public education for many students, but has resulted in the displacement and exclusion of many students from communities with inadequate access to resources necessary to succeed in distance education; and

**WHEREAS**, the Centers for Disease Control (CDC), World Health Organization (WHO), and numerous federal, state, and local public health agencies and organizations have identified vaccination against COVID-19 by as many people as possible as a necessary measure to control and contain serious illness, hospitalization, and loss of life due to COVID-19; and

**WHEREAS**, validated data on COVID-19 infections clearly demonstrate individuals who have not been vaccinated are at much higher risk of infection, serious illness, hospitalization, and loss of life due to COVID-19 and the continued spread of COVID-19 has led to more transmissible and harmful variants, such as the Delta variant; and

**WHEREAS**, the District recognizes the urgency in resuming in-person instruction and services to mitigate any further learning loss and disengagement among communities most in need of the public education and support resources offered by the District; and

**WHEREAS**, President Joseph Biden announced on September 9, 2021, that all federal employees, employees of federal contractors, and health care workers will be required to be vaccinated, and all employers with 100 or more employees will be required to ensure workers are vaccinated or testing weekly for COVID-19 and called on all schools to adopt a vaccine requirement for all employees;

**NOW THEREFORE BE IT RESOLVED** by the Board of Trustees of the San Diego Community College District that consistent with the recommendations by President Joseph Biden, CDC, WHO, State of California, and the San Diego County Health and Human Services Agency, the Board directs the Chancellor or their designee(s) to take actions necessary to develop and implement a COVID-19 vaccine requirement for all District employees, students, and individuals accessing services and utilizing facilities at all District locations in accordance with federal and state law, including eligible exceptions; and,

**BE IT FURTHER RESOLVED**, the requirement shall be developed and implemented in accordance with the terms and conditions of any collectively bargained agreement, modified as necessary through the appropriate bargaining procedures as required by law, and in consultation with collective bargaining agents; and

**BE IT FURTHER RESOLVED**, the Chancellor or their designee(s) shall have the authority to amend the COVID-19 vaccination requirement as necessary based on the recommendations of appropriate federal, state, and local public health authorities, and the public health and safety conditions within the District and the communities it serves, subject to Board review and confirmation in accordance with District policies.



**Maria Nieto Senour, Ph.D.**  
President



**Mary Graham**  
Executive Vice President



**Geysil Arroyo**  
Vice President for Public Health Advocacy



**Craig Milgrim**  
Vice President for Diversity, Equity, and Inclusion



**Bernie Rhinerson**  
Vice President for Legislative Advocacy

*Passed and adopted by the Board of Trustees of the San Diego Community College District in San Diego, California, this 23<sup>rd</sup> day of September, 2021.*



**Carlos O. Turner Cortez, Ph.D.**  
Chancellor

