CSUEU/CSU MEMORANDUM OF UNDERSTANDING

Vaccination Verification Program (VVP) for Cal OSHA ETS Compliance

The Occupational Safety and Health Administration (Cal OSHA) Standards Board voted on June 17 to adopt the revised COVID-19 Prevention Emergency Temporary Standards (ETS). Governor Gavin Newsom has signed an Executive Order making the revisions effective immediately; therefore, the California State University (“CSU”) and the California State University Employees Union (“CSUEU” or “Union”) agree to the following:

Introduction

1) The revised COVID-19 Prevention Emergency Temporary Standards (ETS) allow for different procedures and safety rules to apply to employees depending on vaccination status. In order to comply with the revised ETS, the CSU campuses may implement a Vaccination Verification Program (VVP).

2) Campuses will inform the Union when it will begin collecting self-attestations for the VVP.

   If a campus uses the program listed below, no meet and confer is needed with the Union. However, if a campus creates a program that differs from the program listed below, it may, subject to the requirement of the Higher Education Employer-Employee Relations Act, need to meet and confer locally over impacts.

3) Campuses will keep employees informed of any changes in workplace safety rules/procedures as a result of updates to the ETS. Campuses will also inform employees that their vaccination status may subject them to different workplace safety rules/procedures.

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4) Each campus will have a Designated Office on campus to receive self-attestations from employees who are fully vaccinated. Campuses must use the attached VVP form or a form requesting the same personal information. This self-attestation may be offered by completion of either a paper or electronic form. Self-attestation can be submitted by an employee to the Designated Office while the ETS is in effect.

   Regardless of vaccination status, no employee is required under this MOU to complete a self-attestation form. Those who do not complete a self-attestation form will be considered unvaccinated under the ETS.

5) Campuses who wish to require that employees provide proof/evidence of vaccination may do so but will be required to meet and confer locally over any impacts of their
specific procedures.

6) “Fully vaccinated” means the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

7) Collection of self-attestations by the Designated Office shall be governed by applicable CSU policies regarding confidentiality, privacy, and security of health records, as well as state and federal law. Information shall be used only for the specific purpose intended and only accessible to CSU personnel who have a specific business need-to-know.

8) The Designated Office will share with appropriate administrators who have a specific business need-to-know which employees are fully vaccinated for the purpose of administering workplace safety rules/procedures.

9) Fully vaccinated employees may voluntarily choose to wear a face covering in the workplace.

General Provisions

10) The CSU will comply with all requirements set forth in the revised COVID-19 Prevention Emergency Temporary Standards (ETS). The CSU may require safety procedures, practices, or Personnel Protective Equipment that exceeds any requirements set forth in the ETS.

11) The Union agrees that the CSU has met its obligation to meet and confer over the above subjects.

12) Disputes alleging a violation, misinterpretation or misapplication of this agreement shall be subject to the grievance procedure in the CBA between the Union and the CSU.

For the CSUEU:

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For the California State University:

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Vaccination Verification Program (VVP) for Cal OSHA ETS Compliance

Name:

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Name of Appropriate Administrator:

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By signing this form, I attest that I am fully vaccinated for COVID-19 consistent with the above definition.

I understand that this information may be shared with appropriate administrators who have a specific business need-to-know which employees are fully vaccinated for the purpose of administering workplace safety rules/procedures.

Signature:

Date: