



CITY OF SAINT PAUL
POLICIES AND PROCEDURES

POLICY TITLE:	Employee COVID-19 Testing
POLICY NUMBER:	10.35
VERSION:	1.0
REVISED DATE:	August 23, 2021
REVIEWED DATE:	
APPROVAL DATE:	
EFFECTIVE DATE:	
NUMBER OF PAGES:	2

A. OVERVIEW

- 1. Description and Purpose** - In accordance with City of Saint Paul (City) 's duty to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families; our customers and visitors; and the community at large from infectious diseases, such as COVID-19. This Policy is a key part of our overall strategy and commitment to maintaining a safe and healthy workplace considering the COVID-19 pandemic. This policy is designed for use together with, and not as a substitute for, other COVID-19 prevention measures of the City.
- 2. Applicability** – This policy applies to all to all City employees.
- 3. Failure to Comply** – Failure to comply with this policy may result in disciplinary action in accordance with this Policy and any and all disciplinary policies of the City.

B. POLICY AND PROCEDURE

- All City employees who are not fully vaccinated against COVID-19 are required to receive an antigen-based test for COVID-19 two times per week. Employees who are vaccinated must provide proof of vaccination to the City Clerk.
- These tests will occur during work hours and be conducted by trained City personnel.
- The results of these tests will be shared with the City’s Human Resources Division and the relevant employee.
- Results of the tests will not be included in an employee’s personnel file.
- Testing will be applied in a consistent manner, in accordance with all laws and regulations at a local, state and federal level.
- If any employee is unable to be tested due to a medical condition, the employee shall complete a Request for Accommodation: Medical Exemption From COVID Testing Form.
- Failure to comply with testing requirements will disqualify an employee from working and as such will be considered an unexcused absence.

C. FORM(S)

- Request for Accommodation: Medical Exemption From COVID Testing Form.

D. REFERENCE(S)

1. None.

E. DEFINITION(S)

1. None.

F. POLICY HISTORY

1. This policy is a new policy.

DRAFT