

COVID-19 VACCINATION LEAVE REQUEST FORM

Form must be submitted to Human Resources with proof of vaccination.

Please print (except for signature)

Name:		Employee ID #:
Title:		
Date Submitted:	Building:	Department:
Regular Hours of Employment:		
Date and time of COVID-19 Vaccination Appointment:		
Time requested off, limited to 4 hours including travel time:	From:	To:
Employee Signature:	Date:	
For Human Resources Office Use Only:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
		Date: _____

This COVID-19 Vaccination leave is limited to:

Up to four (4) hours of excused leave per injection.

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**ATTACH PROOF OF VACCINATION (Copy of your
 Vaccination Card)**

[CLICK HERE TO UPLOAD COMPLETED COVID-19 VACCINE LEAVE REQUEST AND PROOF OF VACCINATION](#)

Completed COVID-19 Leave Request forms must be saved to your computer prior to uploading.