COVID-19 VACCINATION LEAVE REQUEST FORM

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

Name:		Employee ID #:	
Title:			
		m	
Time requested off, limited to 4 hours including travel time:	From:	То:	
Employee Signature:	Date:		
For Human Resources Office Use Only:			
Approved Denied Signature:		Date:	

This COVID-19 Vaccination leave is limited to: