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:	

Time requested off, limited to 4 hours including travel time: **From:** **To:**
Employee Signature: Date:
For Human Resources Office Use Only:
☐ **Approved** ☐ **Denied** **Signature:** **Date:**

This COVID-19 Vaccination leave is limited to: