

Sandy Creek Central School District
Leave Request Form
For COVID-19 Vaccination

Please Print

Name _____	Date Submitted _____
Regular Hours of Employment _____	
<u>Date and Time of Vaccination Appointment:</u> *	
Date _____	Time _____
<u>Leave Requested:</u> From ____ a.m./p.m. To ____ a.m./p.m.	
*This time must <u>not</u> exceed four (4) hours. One hour preceding your appointment time will be allowed for travel. If leave time exceeds four (4) hours, the District Office will use any accrued available time, either sick, personal or vacation, in that order to ensure that an employee does not lose pay for any portion of the day. If no accrued time is available for use, pay for the day will be limited to four hours.	

This COVID-19 Vaccination leave is limited to:

Up to two (2) four (4) hour periods for the purpose of receiving a COVID-19 Vaccination. Up to one (1) four (4) hour period for the purpose of receiving Covid-19 booster vaccinations (if required).

DOCUMENTATION

The employee must fill out the “Verification of COVID-19 Vaccination Appointment” form attached and have it signed by a representative of the facility providing the vaccination or provide a legible copy of their vaccination card to HR. The completed form must be returned to your supervisor.

Form turned into Supervisor: _____

Supervisor Signature: _____ Date: _____

**Verification of COVID-19 Vaccination Appointment
(Return completed form or copy of vaccination
verification record to District Office)**

TO BE COMPLETED BY EMPLOYEE:

Employee Name _____

Date of Birth _____

Address _____

Telephone Number _____

This is to verify that I appeared

At:(Name of Facility) _____

On: (Date) _____

At: (Time) _____

For the purpose of vaccination or booster for COVID-19.
(Circle One)

To be completed by a representative of the vaccinating facility:
Printed Name _____
Signature _____
Contact Telephone _____
Date/Time of Vaccination for COVID-19 :
Date: _____ Time: _____