Vaccine Leave Request

Employee to Complete *(Please Save This Form Prior to Filling Out)*

Employee Name	**W#**
Agency/Department	
Email Address	**Phone #**
COVID-19 Vaccination or Booster Date of Vaccination	**Flu Vaccination Date of Vaccination**

To receive Vaccine Leave, an employee must provide Human Resources (HR) the following:

- Proof of COVID-19 vaccination or Influenza (Flu) vaccination; and
- This completed *Vaccine Leave Request form.*

NOTE: If a particular vaccine requires something more than simply the current injection in order to be considered "fully vaccinated" (e.g., a prior injection), the employee must provide evidence that all of the additional requirements have been met (e.g., a receipt or other official documentation that the prior injections were received).

Acknowledgments

☐ I understand that by submitting this request, I represent that I am fully vaccinated against either COVID-19 or Flu on the date provided.

☐ I understand that the State may choose to verify any information provided on this form; providing false information may result in disciplinary action up to, and including, termination.

Employee Name (Printed)	**Signature**	**Date**

To be completed by Human Resources: ☐ Approved ☐ Denied

The HR representative certifies that the following has been received/verified:		**Date:**
☐	Proof of COVID-19 vaccine OR Flu vaccine	
☐	Completed Vaccine Leave Request form	

Name of HR Representative	**Signature**	**Date**