

**VACCINE LEAVE**

New York State has granted public and private employees time off to receive the COVID-19 vaccination. Under this new law, employees will be granted up to four (4) hours of excused leave per injection that will not be charged against any other leave the employee has earned or accrued. You must notify your supervisor through the normal absence reporting protocols so substitute coverage may be obtained, if necessary.

To properly document this absence, please complete the information below, attach the confirmation of your vaccine appointment, and return this form to the Office of Human Resources. You must also call in your absence to Absence Management. Please indicate a half-day “personal” or “sick” as the reason for this leave.

**FAILURE TO SUBMIT THIS FORM WILL RESULT IN EITHER THE DOCKING OF PAY FOR THE TIME OR A DEDUCTION FROM THE EMPLOYEE’S LEAVE TIME.**

**Employee Section:**

I, \_\_\_\_\_, verify that on \_\_\_\_\_, \_\_\_\_\_. I will take time  
(Print Name) (Month, Day) (Year)

off to receive my first or second vaccination shot for COVID-19.

This is my first (or only shot) \_\_\_\_\_  
(Initial)

This is my second shot \_\_\_\_\_  
(Initial)

This is my booster shot \_\_\_\_\_  
(Initial)

I have attached proof of my vaccination appointment \_\_\_\_\_  
(Initial)

\_\_\_\_\_  
(Employee Signature) (Date)