



COVID-19 Vaccine Booster Leave Request Form

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

Employee Name		W#	
Agency/Department			
Email Address			Phone #
Brand of Initial Booster Shot		Date of Initial Booster Shot	
Brand of Second Booster Shot		Date of Second Booster Shot	

Eligibility: Employees who are eligible to receive an initial COVID-19 vaccine booster will be eligible for two (2) hours of COVID-19 Vaccine Booster Leave to obtain an initial booster. Employees who are eligible to receive a second COVID-19 vaccine booster will be eligible for two (2) additional hours of COVID-19 Vaccine Booster Leave to obtain a second booster, up to a maximum of four (4) hours total for two boosters. Employees should refer to CDC guidelines in determining eligibility for an initial and/or second COVID-19 Vaccine Booster shot: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

To receive COVID-19 Vaccine Booster Leave, employees must provide Human Resources (HR) the following:

- proof of full vaccination (unless the employee has already received the COVID-19 Vaccine Incentive Payment);
- proof of receipt of an initial and/or second COVID-19 booster shot; and
- this completed *COVID-19 Vaccine Booster Leave Request Form*.

Acknowledgments

- I understand that by submitting this request, I represent that I am fully vaccinated and have received an initial and/or second COVID-19 vaccine booster on the date(s) provided.
- I understand that the State may choose to verify any information provided on this form, and that providing false information may result in disciplinary action up to, and including, termination.

Additional Comments (Optional)

Employee Name (Printed) W# Signature Date

To be completed by Human Resources:

Approved Not approved

Required Documentation Check List

	Documentation	Date Received by HR
	Full Vaccination Proof/Vaccine Incentive Payment Approved	
<input type="checkbox"/>	Proof of an initial COVID-19 vaccine booster	
<input type="checkbox"/>	Proof of second COVID-19 vaccine booster (if applicable)	
<input type="checkbox"/>	Completed Request Form	

Additional Comments (optional):

Name of HR Representative

Signature

Date

|