



10 Farmingdale Road
West Babylon, NY 11704
631-376-7001

WEST BABYLON SCHOOL DISTRICT COVID VACCINATION LEAVE REQUEST FORM

The District will provide employees with up to four (4) hours of paid leave (not charged to the employee's sick time) for the purpose of obtaining the COVID vaccine. Only the vaccine appointment time and reasonable travel time will be considered. Please make every effort to schedule the vaccine appointment outside of school hours or in such a way that it causes the least disruption to the learning environment. If you intend to obtain the COVID vaccine during your normal work hours, you must complete this form. You must provide proof of an appointment to your principal and/or supervisor. Completed form and documentation should be sent to Human Resources for final approval. We would appreciate as much notice as possible, however, understand this is dependent upon when the appointment is available and/or confirmed.

This COVID vaccine leave is limited to:

1. Up to one four-hour period for the purpose of obtaining the first COVID vaccine.
2. Up to one four-hour period for the purpose of obtaining the second COVID vaccine (if applicable).

Please print Name: _____

Position: _____

Building: _____

Regular hours of employment: _____ to _____

COVID vaccine appointment (if second vaccine appt is known - please add below):

Date: _____ Time: _____ Location: _____

Date: _____ Time: _____ Location: _____

Please check: First COVID Vaccine Second COVID Vaccine

Expected Travel Time: _____

Time left the building and returned (if applicable), do not include lunch time:

Time Left: _____ Time Returned: _____

Employee Signature: _____ Date: _____

Administrator/Supervisor Signature: _____ Date: _____

Assistant Superintendent for HR: _____ Date: _____

Cc: personnel file