APPENDIX "A"

The legislation effective on March 12, 2021 (S.2588-A/A.3354-B) entitles district employees to take up to four hours of excused leave per injection that will not be charged against any other leave the employees have earned or accrued. Travel time is included in the four hour cap. Absence beyond the four hours must be charges to leave credits.

To properly document this excused leave time, please complete the information below and return this form to the District's Human Resources Office.

Failure to submit these forms will result in a deduction from the employee's leave time.
– –

Please complete this section and forward to Human Resources if you have already received your COVID-19 Vaccination Injection(s) along with copy of your COVID-19 Vaccination Record Card.

Previous Vaccination Section:

First Injection Information:

I received the _____vaccination for COVID-19 on
             (Moderna, Pfizer or J&J)

_____, _____ at _____ o'clock.
 (month)   (day)   (year)   (time)

Location of Vaccination Site

_____

Second Injection Information (if applicable):

I received the _____vaccination for COVID-19 on
             (Moderna, Pfizer)

_____, _____ at _____ o'clock.
 (month)   (day)   (year)   (time)

Location of Vaccination Site

_____

- -

Please submit this section not less than two (2) school days prior to your appointment(s). You may be asked to forward a copy of COVID-19 Vaccination Record Card (after the date of your last appointment) to Human Resources.

Upcoming Vaccination Section:

First Injection Information:

I verify that I have an appointment on _____, _____ at _____ o'clock
                                   (month)   (day)   (year)   (time)

at _____, to receive the _____ vaccination for
    (Location of Vaccination Site)   (Moderna, Pfizer or J&J)

COVID-19.

Second Injection Information (if applicable):

I verify that I have an appointment on _____, _____ at _____ o'clock
                                   (month)   (day)   (year)   (time)

at _____, to receive the _____ vaccination for
    (Location of Vaccination Site)   (Moderna, Pfizer)

COVID-19.

_____
Employee Name (Please Print)

_____   _____
 Employee Signature   Date