

COVID-19 Vaccination Leave Request Form

Name: _____

Beginning and end dates: _____

Why are you requesting Vaccination Leave? (Circle number below)

1. Obtaining immunization related to COVID-19.
_____ 1st Dose _____ 2nd Dose
2. Recovering from any injury, disability, illness or condition related to an immunization for COVID-19.

You must bring proof of vaccination and this form to the Human Resources Office in order to use Vaccination Leave. Office hours are 8 a.m. to 5 p.m. Monday through Friday. Call 660-785-4031 or email hrstaff@truman.edu with any questions.

By signing below, I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

FOR HR USE ONLY: Verified Date: _____ Initials: _____
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