

## **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.  
\_\_\_\_\_ 1<sup>st</sup> Dose      \_\_\_\_\_ 2<sup>nd</sup> Dose      \_\_\_\_\_ Booster
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](mailto: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:** \_\_\_\_\_

<b>FOR HR USE ONLY:</b> Verified Date: _____ Initials: _____
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