



**Oyster Bay-East Norwich Central School District
1 McCouns Lane, Oyster Bay, New York 11771**

**COVID-19 Vaccine
Request for Leave Form**

In accordance with New York State Law Section 196 – C, School District Employees will be granted up to four (4) hours of paid leave per injection to receive the COVID-19 vaccine or booster. Travel time is included in the four-hour cap.

Please complete the requested information and submit it to your **Building Principal at least two weeks prior to your appointment**. Once approved, the day should be entered in Frontline as a Sick Day. Bring the form, signed by your Building Principal with you to your appointment. When the form is received by Central Administration the day will be credited to your bank.

Every reasonable effort should be made to schedule vaccinations outside of your regular work hours. When you return to work, please be sure to give the completed form to your building's main office.

I intend to take up to a 4 hour leave on _____(Date) for the purpose of receiving the Covid 19 Vaccine or Booster.

I work in _____ (Building).

Employee Name: _____ (Print). Position: _____

Employee Signature: _____ Date: _____

To be completed by Principal/Supervisor:

Date: _____ Supervisor Signature: _____

Verification of Vaccination Appointment (to be completed by Screening Facility):

Patient's Name: _____

Appt Date/Time: _____ COVID-19 VACCINE/BOOSTER

Healthcare Professional's Printed Name: _____ Phone: _____

Healthcare Professional's Signature: _____ Date: _____

Physician/Facility Stamp: