



# Vaccination Leave Request Form

Return Forms to: [Benefits@hazelwoodschoosls.org](mailto:Benefits@hazelwoodschoosls.org)

Human Resources Department, Hazelwood School District

15955 New Halls Ferry Road, Florissant, MO 63031 P:314.953.5000 F:314.218.9079

"A Culture of High Expectations and Excellence!"

Name	Employee ID Number	Phone Number	Date of Request
Address (Street, Apt #)	City, State, Zip		
Job Title	Building and/or Department		

Maximum vaccination leave allowed is two (2) days per dosage.  
 Complete a vaccination leave request for each dosage.  
 The day of the vaccination is the begin date and the following day is the end date.  
 If employee needs more than two (2) days, they can use other compensable days, such as sick, vacation or personal.

Begin Date	End Date		
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Employee must submit a copy of their vaccination card with the request.  
 Falsification of vaccination documentation will result in immediate disciplinary action, up to and including termination.

Signature	Date Submitted
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**FOR ADMINISTRATIVE USE ONLY**

Leave Denied, because:

<b>Approved Leaves and Duration Estimates</b>  Leave begins _____ ends _____   09/2021	<b>Actual Paid Leave Dates</b>  Paid Sick Days Off begin _____ ends _____
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Estimated Days Available: Sick Days _____ Vacation Days _____ Option Days _____ Comp Days _____ Unpaid Days _____
Breakdown of Days Used: Sick Days _____ Vacation Days _____ Option Days _____ Comp Days _____ Unpaid Days _____
Request Processed by _____ Date Processed _____ Application Approved by _____ Date Processed _____