

Office of Human Resources & Employee Organization and Development

Vaccine Administrative Day Leave Request Form

Employee Name:			
Employee Title:			
Employee ID#:			
Employee Phone #	‡ :	Email Address:	
Institution/Divisio	on Name:		
Division/Work Lo	cation:		
Name of Supervis	or:		
University System	of Georgia (USG) is pr	mor's COVID-19 Vaccination Day for state employees, providing up to a maximum of eight (8) hours of Vaccinis leave is available from September 1, 2021 – December	ine
I am requesting Va following dates:	ccine Administrative Da	ay Leave on a continuous \square or intermittent \square basis for the	;
w -g	Begin Date	End Date	
By my signature on	this form, I attest to the	following:	
	<u> </u>	rrent with any other paid time off (e.g., Short Term Disability ours worked for the purpose of overtime pay calculations.).
		ne Administrative Leave will expire (and will no longer be ava- leave will not be paid out upon separation from employment.	iilable
Signature of Employ	ee	Date	

Department of Human Resources & Employee Development

NOTE TO EMPLOYEE: E-mail this form to Human Resources and to your supervisor. Please retain

copies of all information for your records.