

# MAHOPAC CENTRAL SCHOOL DISTRICT



*Anthony DiCarlo*  
Superintendent of Schools

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Assistant Superintendent for Human Resources

## VERIFICATION OF COVID 19 VACCINATION

Name of Employee: \_\_\_\_\_  
(Please print)

Date & Time of Appointment: \_\_\_\_\_ Amount of Time Requested: \_\_\_\_\_  
Date & Time of Appointment: \_\_\_\_\_ Amount of Time Requested: \_\_\_\_\_

### Vaccination Provider (Please fill in or stamp):

Name and/or Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

By signing below I verify that I attended and received the above scheduled appointment (s) for the purpose of receiving a COVID 19 Vaccination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Notes:

- a. The employee **must** provide a copy of his/her COVID-19 Vaccination Record Card and appointment confirmation. Attached both to this form and **return it to the Office of Human Resources** in order for this leave to qualify as paid time.
- b. Employees are provided with up to four (4) hours of paid release time (*effective March 12, 2021*) for each vaccine received during the work day without charge to their leave accruals.
- c. Employees must show proof of receipt of the vaccination to become entitled to such time.
- d. In the event an employee needs additional time for the appointment, or needs to be out of work because of possible side effects of the vaccination, he/she shall be charged his/her own leave accruals for such absence.

cc: Personnel File

*Updated: 3/16/2021*