



Plainview-Old Bethpage Central School District

106 Washington Avenue, Plainview, New York 11803

Office of Human Resources & Safety

Christopher Donarummo

Assistant Superintendent for Human Resources & Safety

Memorandum

TO: All District-Wide Employees
DATE: November 12, 2021 COVID-19
RE: Booster Shots

In accordance with New York State Civil Service Law §159-c and Labor Law §196-c, every employee shall be provided a paid leave of absence from his or her employer for a sufficient period of time not to exceed four hours for COVID-19 vaccine injections. This also applies to COVID-19 vaccination booster shots. Paid leave granted by these laws are only available to the employee for their own receipt of COVID-19 vaccine and DOES NOT apply to assisting a relative or another person getting a vaccine. These laws DO NOT create any retroactive benefit rights.

If an employee needs time to receive COVID-19 vaccination shot(s) please complete the *Employee Request for Excused COVID Medical Leave form* which can be obtain in any school building main office or online at <https://www.pobschools.org/cms/lib/NY01001456/Centricity/Domain/12/Covid-19%20Vaccine-Booster%20form.pdf>. On the form, please indicate the reason for the request as COVID-19 vaccination shot or COVID-19 vaccination booster shot. A copy of your vaccination card must be submitted once you have received your vaccination. All forms must be submitted to the Office of Human Resources at least 48-hours prior to the absence from work.

Thank you for your cooperation.

PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT

Employee Request for Excused Covid Medical Leave

Directions: Complete Part 1 and have Part 2. Mark your timesheet for the time taken. Sign the bottom portion of this form and attach it to your attendance sheet at the end of the pay period after your appointment. **Please notify your immediate supervisor prior to submitting this form.**

PART I - To be completed by employee:

EMPLOYEE NAME _____ **DATE** _____

Please check which type of excused medical leave you are requesting:

- Covid-19 Vaccination (max. 4 hours) _____
- Covid-19 Booster (max. 4 hours) _____

PART II – MUST ATTACH VACCINATION CARD

Location of services _____

Date _____ **Time** _____

Employee signature

Date submitted

Office of Human Resources Approval

Date