



COVID-19 Vaccination Verification Form

Pursuant to an amendment of Section 159-c of the State Civil Service Law any public employee has the right to a paid, excused leave of absence from his or her duties for a sufficient period of time, **not to exceed four hours per injection, to receive vaccination for COVID-19.**

A “public employee” is described as a public officer, employee of New York State or any county within the State, employee of any community college, public authority, public benefit corporation, board of cooperative educational services (BOCES), vocational education and extension board, municipality, school district or any employee of a participating employer in the New York state and local employees’ retirement system or in the New York state teachers’ retirement system.

The law’s purpose is to expedite the immunization of New York workers with the goal of slowing the spread of the virus and protecting vulnerable populations. This leave cannot be charged against any other leave to which the public employee is otherwise entitled.

VACCINE PROVIDER CERTIFICATION (Must be completed by an Authorized Representative of the Vaccine Provider)	
Patient Name:	_____
Appointment Date:	_____ Circle one: A.M. or P.M.
Vaccine Provider Name:	_____
Representative (Print Name):	_____
Representative Signature:	_____
Nothing contained herein shall be deemed a release of any patient information related to diagnosis, treatment, and/or prognosis. This form is simply to verify that the employee properly utilized leave provided to her/him pursuant to Civil Service Law Section 159-b or 159-c.	

Employee Signature

~Employee must submit this form to his/her timekeeper~