

## **EMPLOYEE REQUEST FOR USG VACCINE ADMINISTRATIVE LEAVE**

Employee Na	ame:		
Employee Ph	none #:	Email Address:	
Department I	Name:		
Name of Sup	ervisor:		
System of Ge	orgia (USG) is providing up to a m	COVID-19 Vaccination Day for state employees, the Univernaximum of eight (8) hours of Vaccine Administrative Leaven September 1, 2021 and December 31, 2021.	•
I am request following dat	•	Leave on a continuous $\square$ or intermittent $\square$ basis for t	he
Begin Date _	End Date	Number of hours:	_
Begin Date _	End Date	Number of hours:	_
Begin Date _	End Date	Number of hours:	_
Begin Date _	End Date	Number of hours:	_
		Total number of hours:	_
		e Administrative Leave will expire (and will no longer be d that the leave will not be paid out upon separation fro	
Signature of E	Employee	Date	
Approval of S	upervisor	 Date	

**NOTE TO EMPLOYEE:** Provide this form to your supervisor for approval and entry in OneUSG Connect. Once approved, send a copy to Human Resources at <a href="mailto:jason.jones@uga.edu">jason.jones@uga.edu</a>. Please retain copies of all information for your records.