



# LACCD Request for Emergency Paid Sick Leave Leave Due to COVID-19 Vaccination and Recovery

Due to a change in the law, effective April 1, 2021, employees may use emergency paid sick leave (EPSL) quota to obtain their COVID-19 vaccination and to take time off (if needed) to recover from any injury, disability, illness, or condition related to such immunization. Employees receiving vaccination appointments during their standard work hours or work shift must complete and submit this form to their supervisor for approval upon returning to work.

**Proof of immunization is required and must be submitted along with this form.** A copy of the COVID-19 Vaccination Record Card or a similar document is acceptable proof.

Employee \_\_\_\_\_  
LAST NAME FIRST NAME

Employee Number \_\_\_\_\_ Service: Academic Classified Unclassified

### Vaccination Information:

Date of Vaccination \_\_\_\_\_

Indicate if this was the first or second dose of your immunization: First Dose Second Dose

Did you need any days to recover after receiving the COVID-19 vaccination?

No, I only took the day off for my vaccination appointment.

Yes, I took \_\_\_\_day(s) off to recover after receiving the vaccine.

Leave was from: \_\_\_\_\_, 2021 to \_\_\_\_\_, 2021.  
month day month day

In making this request and affixing my signature to this form, I am certifying that the above information is true and correct.

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

\_\_\_\_\_  
Supervisor Signature Date

### Form Submittal Process:

1. The completed form along with required proof of vaccination is to be submitted to the immediate supervisor for approval. Forms can be submitted via email, U.S. mail, or district courier. Pictures of the forms are acceptable if the text in the picture is clear.
2. **Supervisors:** Submit approved form and related documentation to the location Personnel/Payroll Office for further processing.
3. Time for approved vaccination leaves shall be coded in SAP using wage type 1920.
4. **Personnel/Payroll Staff:** Please send employee acknowledgement letter concerning EPSL usage and retain all documentation in a separate file for auditing purposes.

**Incomplete forms will be returned to the employee so please ensure completeness of the forms prior to submittal to prevent delays in processing.**