



Hudson

EMPLOYEE REQUEST FOR EXCUSED MEDICAL LEAVE

PART A – To be completed by the employee:

Employee Name _____
(Print)

Date _____
(of COVID-19 Vaccination)

Current Position _____

Directions:

1. Submit your sick leave request through Wincap Web in the same manner you would for all leave time.
2. Complete Part A of the Employee Request for Excused Medical Leave form and attach a copy of your email confirmation of your appointment and a copy of your vaccination record.
3. Sign the bottom portion of this form after your screening, and return the form to the Superintendent's Office within ten days of receiving your COVID-19 vaccination.

Employee Signature

Date submitted