



Hempstead Public Schools

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www.hempsteadschools.org

Regina Armstrong
Interim Superintendent of
Schools

Rodney Gilmore
Associate Superintendent
for Human Resources

March 23, 2021

Dear Faculty and Staff:

On Friday, March 12, 2021, Governor Andrew M. Cuomo signed legislation (S.2588-N A.3354- B) granting public and private employees time off to receive the COVID-19 vaccination. Under this new law, employees will be granted up to four hours of excused leave per injection that will not be charged against any other leave the employee has earned or accrued. This legislation becomes effective immediately and expires on December 31, 2022. The attached form should be used to submit your excused leave request prior to your appointment.

Please note there is currently no provision in the law that would allow the new paid leave to be applied retroactively to employees who have already obtained one or both injections prior to the effective date of this legislation.

We thank you for your continued diligence in helping to keep our community safe and healthy.

Sincerely,

Rodney Gilmore

Rodney Gilmore, Ed. D
Associate Superintendent for Human Resources

Hempstead Union Free School District
Hempstead, New York

Leave Request- COVID-19 Vaccination

On March 12, 2021 a law was passed which entitles an employee of any municipality or school district to take up to four hours of excused leave of absence per injection of the COVID-10 vaccine not to exceed four (4) hours.

1. The leave is paid leave (without charge to leave credits).
2. The leave is not cumulative and expires December 31, 2022
3. Travel time is included in the 4-hour cap.
4. Absence beyond the 4-hour cap per injection must be charged to leave credits
5. The entitlement to leave is for COVID-19 vaccinations scheduled during the employees' regular work hours (employees are not entitled to compensatory time for COVID-19 vaccinations outside the regular work schedule).
6. Medical documentation that the employee's absence was for the purpose of the COVID-19 vaccination will be required.

Name: _____

School: _____

Position: _____

COVID-19 Dose (Circle One): Single Double

Date of Absence: _____

Reviewed by Principal

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR PROOF OF VACCINATION APPOINTMENT WITH THIS FORM PRIOR TO YOUR APPOINTMENT.