## **Vaccination Leave Request Form**

| Employee Name    |
|------------------|
|                  |
| Employee ID      |
|                  |
| Department       |
|                  |
| Designation      |
|                  |
| Date of Request  |
|                  |
| Vaccination Date |
|                  |
| Vaccine Type     |
|                  |
| Leave Duration   |
|                  |
| Additional Notes |
|                  |
|                  |
|                  |