

**Instruction on completion on the
"Intent to Donate Bone Marrow or a Human Organ"**

Employee Instructions:

This form is self explanatory as to the information requested.

Complete the boxes requesting your name, Social Security number, your UW institution and department. In the section titled *Reason for Leave* check whichever box appropriate, Bone Marrow Donation or Human Organ Donation. In the event your recovery time exceeds the term of authorized, please check which leave categories (1-5) you wish extended leave charged too. Date and sign the document.

It is your responsibility to secure the Physician Certification. The physician must confirm the category of donation, bone or organ, sign and provide their practice address.

Once this information has been collected submit the form to your Supervisor/Director. You are not required, nor is it recommended, to attach or include any personal medical information pertaining to this request.

Supervisor/Director Instructions:

The Supervisor/Director must date, sign and indicate whether this leave will be charged towards your annual Family Medical Leave (FMLA) allotment. Approval of this leave is not optional but guaranteed under Wisc. Stats. §230.35(2d). If this leave is to be charged to FMLA the proper forms should be completed. The Supervisor/Director should then forward all documentation to their Human Resources/Personnel Office.

Human Resources/Personnel Instructions:

Human Resources/Personnel shall sign the document acknowledging receipt of all required information. Human Resources/Personnel shall copy the completed document(s) and forward them to the donor employee in an envelop stamped CONFIDENTIAL, for their records.

It is the responsibility of the Human Resources/Personnel to coordinate the leave with the institution's payroll/leave office.