

## INSTRUCTIONS

**EMPLOYEE INFORMATION Section:**

Complete the boxes requesting your name, Employee ID number, your UW System institution and department. In the section titled Reason for Leave check the appropriate box, Bone Marrow Donation or Human Organ Donation. In the event your recovery time exceeds the term authorized, check and prioritize which leave categories (1-5) you would like your extended leave to be charged to. Date and sign the form.

It is your responsibility to work with your physician to complete the Physician Certification section.

Once this information has been collected, submit the form to your Supervisor/Director. You are not required and is it not recommended to attach or include any personal medical information with your request.

Before completing the form review [UW System Administrative Policy 1215 \(formerly BN 6\) Paid Leave of Absence for Bone Marrow and Human Organ Donation](#).

**PHYSICIAN'S CERTIFICATION Section:**

Employee should contact their physician to complete this section. The physician must confirm the category of donation, bone or organ, sign and provide their practice address.

**SUPERVISOR/DIRECTOR INFORMATION and HUMAN RESOURCES REPRESENTATIVE'S NOTIFICATION section:**

The Supervisor/Director must date, sign and indicate if this leave will be charged towards your annual Wisconsin/Family Medical Leave (W/FMLA) allotment. Approval of this leave is not optional but guaranteed. If this leave is to be charged to W/FMLA the proper forms should be completed. The Supervisor/Director should then forward all documentation to their institution Human Resources Office.

The institution Human Resources Office will sign the document acknowledging receipt of all required information. Human Resources will copy the completed document(s) and forward them to the donor employee for their records.

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

## Intent to Donate Bone Marrow or a Human Organ Form

<b>EMPLOYEE INFORMATION:</b>	
Donor Name (Last, First, Middle Initial):	Employee ID:
UW System Institution: UW-	
Reason for Leave Request:     Bone Marrow Donation (May receive up to 5 work days in pay status) Human Organ Donation (May receive up to 30 work days in pay status)	
Number the leave categories in the priority to be charged, if applicable: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>_____ Vacation/Vacation Carryover</span> <span>_____ Sick Leave</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>_____ Sabbatical/Paid Leave Bank</span> <span>_____ Leave Without Pay</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>_____ Personal Holiday</span> <span></span> </div>	
I understand this leave meets the requirements and conditions of the Wisconsin (WFMLA) and/or Federal Family and Medical Leave Act (FMLA). If needed, the appointing authority will charge the additional leave to the categories indicated above and file timesheets accordingly. I understand that I may contact my Supervisor or Director to change these leave elections if I so choose.	
Date (Mo/Day/Yr):	Employee Signature:

<b>PHYSICIAN'S CERTIFICATION:</b>			
<b>I certify that the individual named above will be a donor as indicated below.</b>			
Employee will be:	Bone Marrow Donor	Human Organ Donor	
Date (Mo/Day/Yr):	Physician's Signature:		
Provider/Clinic Name:			
Address Street	City	State	Zip Code

<b>SUPERVISOR/DIRECTOR and HUMAN RESOURCE REPRESENTATIVE'S NOTIFICATION:</b>	
Date (Mo/Day/Yr):	Supervisor/Director Signature:
Wisconsin/Family Medical Leave Act (FMLA)	This leave will be counted towards your annual W/FMLA allotment. Yes    No    Check one (if Yes, complete required form)
Date (Mo/Day/Yr):	Human Resource Representative Signature:

Copies of all documentation will be retained in the institution Human Resources Office.

Copy 1	Institution Human Resource Office
Copy 2	Employee