



**UNIVERSITY OF WISCONSIN SYSTEM
INTENT TO DONATE BONE MARROW OR A HUMAN ORGAN**

1999 Wisconsin ACT 125

Wis. Stats. 230.35 (2d)

UPG 10.09, Board of Regents Policy 20-15

Donor Name (Last, First, Middle Int.):	Employee ID:
University Institution	
UW:	
Reason for Leave Request: <input type="checkbox"/> Bone Marrow Donation (May receive up to 5 work days in pay status) <input type="checkbox"/> 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:	
_____ Annual Leave	_____ Sick Leave
_____ Sabbatical/ALRA	_____ Leave Without Pay
_____ Personal Holiday Leave	

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
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Physician's Certification
I certify that the individual named above will be a donor as indicated below.

Employee will be:
 Bone Marrow Donor Human Organ Donor

Date (Mo/Day/Yr)	Physician's Signature:		
Provider/Clinic Name			
Address Street	City	State	Zipcode

Supervisor/Director and Human Resource Representative's Notification

Date (Mo/Day/Yr)	Supervisor/Director Signature
Wisconsin/Family Medical Leave Act (FLMA)	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 shall be retained in the Human Resources Office

Copy 1	Campus Human Resource Office
Copy 2	Employee

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, Employee ID 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 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 Human Resources/Personnel Office.

Human Resources Instructions:

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

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