

BLOOD DONATION LEAVE REQUEST/DOCUMENTATION

New York State Labor Law entitles HFM BOCES employees who work an average of twenty or more hours per week to take up to three (3) hours leave of absence in any twelve (12) month period to donate blood. Travel time is included in the three-hour cap. Absence beyond the three hours must be charged to leave credits or the time will be docked. The leave is not cumulative and expires at the close of business of the last day of each fiscal year.

To properly request and document this absence, please complete the information below, including a signature from the provider's office, and return this form to your immediate Supervisor.

NAME _____

REQUEST FOR LEAVE SUBMITTED _____
(Date)

DATE/TIME OF APPOINTMENT _____
(Date/Time)

APPROVED _____
Supervisor's Signature

Failure to submit this form will result in either the docking of pay for the time or a deduction from the employee's leave time.

Employee Section:

I verify that on _____, _____, _____ at _____,
(month) (day) (year) (Location)

I donated blood.

Employee Signature

Date

Blood Donation Site:

_____ was present for the purpose of donating blood and did in fact
donate blood on _____, _____, _____ at _____ o'clock.
(month) (day) (year)

Provider's Signature

Date and Time

Name and Location of Blood Donation Center _____