



BONE MARROW AND ORGAN DONATION LEAVE EMPLOYEE REQUEST FORM

Human Resources Department
City Hall
7525 West Greenfield Avenue
West Allis, WI 53214
414/302-8270 (Phone)
414/302-8275 (Fax)
hr@westalliswi.gov (email)

DIRECTIONS:

- Follow your Departmental protocol when requesting this leave;
- Please print unless otherwise indicated (i.e. signature);
- A health care provider certification, i.e., the **Health Care Provider Bone Marrow and Organ Donation Leave Certification Form**, **must** be provided within 15 days of the commencement of the leave; absent extenuating circumstances, if not timely submitted or fully completed, leave may be denied;
- If you are unable to return to work on the date noted, communicate this immediately to your Department;
- If your leave schedule is not yet known, or other arrangements are necessary, please explain on the reverse side what must be done before your schedule can be confirmed;
- Completed paperwork must be submitted to the HR Department for final determination;
- A copy of the City's Bone Marrow and Organ Donation Policy and the Health Care Provider Bone Marrow and Organ Donation Leave Certification Form (which must be completed by the health care provider) are available from your Department, the Intranet or the HR Department;
- Any questions or concerns you have about this leave should be addressed with your Department Head or the HR Director (414-302-8274).

Name: _____ Department: _____

Date of Hire: ____/____/____ Indicate if you work: Full-Time OR Part-Time

Date Leave Will Begin: ____/____/____

Date I Will Return to Work: ____/____/____

I voluntarily authorize the City of West Allis to contact my health care provider for clarification of the information contained in this request form and/or in the Health Care Provider Bone Marrow and Organ Donation Leave Certification Form. : _____
(Employee's Initials)

I certify that the information contained in this form is true to the best of my knowledge and understand any misrepresentation on my part may result in denial of leave and/or discipline.

Employee's Signature

____/____/____
Date

CONTINUED

