CITY OF DE PERE HEALTH CARE PROVIDER
BONE MARROW AND ORGAN DONATION LEAVE
CERTIFICATION FORM

Per Section 103.11 Wisconsin Statutes, an eligible employee may take up to six (6) weeks leave in a 12-month period for the period necessary to undergo a bone marrow or organ donation procedure and to recover from the procedure.

Name of Employee Requesting Leave: _____
(PRINT NAME: FIRST MI LAST)

THE FOLLOWING IS TO BE COMPLETED BY THE HEALTH CARE PROVIDER *ONLY*

Health Care Provider: Please complete this form so the City of De Pere may determine the employee's eligibility for leave as defined under Section 103.11 Wisconsin Statutes.

Please Type or Print Legibly

1. _____ **(Donee's Name)** has a serious health condition that necessitates a bone marrow or organ transplant.

2. _____ **(Employee's Name)** is under my care and will need to be off from work for the bone marrow or organ donation procedure and to recover from said procedure, as specified, on the following dates:
   _____
   _____
   _____

3. I expect the employee may return to work on **(Date)**:_____

_____ _____
Name of Health Care Provider (printed) ***Name of Hospital or Clinic***

_____ _____
Phone ***Fax***

_____ _____
Signature of Health Care Provider ***Date***

Please Return to: City of De Pere Human Resources Department
335 S. Broadway Street, De Pere, WI 54115 - Phone: 920-339-4045 - Fax: 920-339-4049