

CITY OF DE PERE APPLICATION FOR WISCONSIN BONE MARROW AND ORGAN DONATION LEAVE

DIRECTIONS:

- A health care provider certification (the Health Care Provider Bone Marrow and Organ Donation Leave Certification Form) must be provided within 15 days of the City's request for certification.
- If not timely submitted or fully completed, absent extenuating circumstances, leave may be denied.
- If you are unable to return to work on the date noted, communicate this immediately with your Supervisor and Human Resources.
- 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 the Human Resources Department.
- Any questions or concerns you have about this leave should be addressed with your Department Head or Human Resources.

Name: _____ Department: _____

Date My Leave Will Begin: ____/____/____

Anticipated Date I Will Return To Work: ____/____/____

I voluntarily authorize the City of De Pere 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 Signature)

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

HR DETERMINATION: _____ Your Bone Marrow and Organ Donation Leave request is approved.

_____ Your Bone Marrow and Organ Donation Leave request is NOT approved.

By: _____ Date: _____

Human Resources Generalist

CC: Payroll, Supervisor