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