

BLOOD DONATION LEAVE FORM

New York State Labor Law entitles district employees who work an average of twenty or more hours per week to take up to three (3) hours of leave of absence in any twelve (12) month period to an employee who seeks 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 document this absence, please complete the information below, including a signature from the provider's office, and return this form to the Business Office.

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 (name):

verify that on (month/date/year):

at (location):

I donated blood.

Employee Signature & Date:

Blood Donation Site:

Name:

was present for the purpose of donating blood and did in fact donate blood

on (date):

at (time): o'clock.

Provider's Signature, Date & Time:

Name and Location of Blood Donation Center: