UNIVERSITY OF WISCONSIN SYSTEM
INTENT TO DONATE BONE MARROW OR A HUMAN ORGAN
1999 Wisconsin ACT 125
Wis. Stats. 230.35 (2d)

<table>
<thead>
<tr>
<th>Donor Name (Last, First, MI)</th>
<th>Social Security Number</th>
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University Institution
UW

Reason for Leave Request:
- [ ] Bone Marrow Donation (May receive up to 5 work days in pay status)
- [ ] Human Organ Donation (May receive up to 30 work days in pay status)

Number the leave categories in the priority to be charged if applicable:
- Annual Leave
- Sick Leave
- Sabbatical
- Leave without Pay
- Personal Holiday Leave

I understand this leave meets the requirements and conditions of the Wisconsin (WFMLA) and/or Federal Family and Medical Leave Act (FMLA). If needed, the appointing authority will charge the additional leave to the categories indicated above and file timesheets accordingly. I understand that I may contact my Supervisor or Director to change these leave elections if I so choose.

Date (Mo/Day/Yr) | Employee Signature

Physician’s Certification
I certify that the individual named above will be a donor as indicated below.

Employee will be:
- [ ] Bone Marrow Donor
- [ ] Human Organ Donor

Date (Mo/Day/Yr) | Physician’s Signature

Provider/Clinic Name

Street Address: | City: | State: | Zip Code:

Supervisor/Director and Human Resource Representatives Notification

Date (Mo/Day/Yr) | Supervisor/Director Signature

Family Medical Leave Act (FMLA)
- [ ] Yes
- [ ] No

This leave will be counted towards your annual FMLA allotment.

Date (Mo/Day/Yr) | Human Resource Representative Signature

NOTE: THIS DOCUMENT WAS DEVELOPED TO MEET THE MINIMUM REQUIREMENTS OF WISCONSIN ACT 125.

Copies of all documentation shall be retained in the Human Resources/Personnel Office.

Copy 1 Campus Human Resource Office
Copy 2 Employee

UW 1259 10/00
Instruction on Completion on the Intent to Donate Bone Marrow or a Human Organ

**Employee Instructions:**
Complete the boxes requesting your name, Social Security number, UW institution and department. In the section titled *Reasons for Leave*, check whichever box is appropriate, Bone Marrow Donation or Human Organ Donation. In the event your recovery time exceeds the term of leave authorized, please numerically check, 1 through 5, the leave categories that you would like the extended leave charged to. Finally date and sign the document.

It is your responsibility to secure the Physician’s Certification. The physician must confirm the category of donation, bone or organ, sign and provide their practice address.

Once this information has been collected, submit the form to your supervisor/director. You are not required, nor is it recommended, to attach or include any personal medical information pertaining to this request.

**Supervisor/Director Instructions:**
The supervisor/director must date, sign and indicate whether this leave will be charged towards your annual Family Medical Leave Allotment (FMLA). Approval of this leave is not optional, as it is guaranteed by Wis. Stats. §230.35(2d). If this leave is to be charged to FMLA, the proper forms should be completed at that time. The supervisor/director should then forward all documentation to their Human Resources/Personnel Office.

**Human Resources/Personnel Instructions:**
Human Resources/Personnel shall sign the document acknowledging receipt of all required information. Human Resources/Personnel shall copy the completed document(s) and forward them to the donor employee for their records, in an envelope stamped CONFIDENTIAL.

It is the responsibility of the Human Resources/Personnel to coordinate the leave with the institution’s payroll/leave office.