

Employee Blood Donation Leave

POLAND CENTRAL SCHOOL DISTRICT
POLAND, NY 13431

This form is to be utilized pursuant to New York State Labor Law Section 202-j and the Guidelines for Implementation of Employee Blood Donation Leave issued by the New York State Department of Labor.

Prior to making an appointment for blood donation, please note that employees are entitled to either:

One three-hour unpaid leave of absence per calendar year to donate blood at an off-site location

OR

Paid leave two times per year to donate blood at a blood drive at your place of employment or at a time and place set by your employer.

***THIS FORM IS TO BE SUBMITTED 3 DAYS IN ADVANCE,
unless the employee is donating blood for his or her own surgery or a family member's surgery.***

EMPLOYEE SECTION:

Please print (except for signature)

| | |
|--|--------|
| Name: | Title: |
| My preferred time is: _____ AM/PM for blood leave and donation. | |
| Substitute needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Specific time requested with substitute coverage: _____ AM/PM to _____ AM/PM | |

| | |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

| | |
|--|-------|
| For Supervisor Use Only: | |
| This blood donation leave is | |
| _____ approved as requested. _____ denied (with a suggested time for consideration : _____) | |
| Signature: | Date: |

AMERICAN RED CROSS OR OTHER COLLECTION AGENCY SECTION:

| | |
|--|-------|
| Name of person at facility who can verify appointment: | |
| Printed Name: _____ | |
| Signature: | Date: |