

**ORGAN DONATION
LEAVE REQUEST FORM**

Faculty **Staff**

Pursuant to the Annotated Code of Maryland, State Personnel and Pensions Article, §9-1109 §9-1106

Governing policy: VII-7.28 – POLICY ON ORGAN DONATION LEAVE FOR USM EMPLOYEES

Organ Donor Leave is standalone “paid” leave that is granted to all employees (faculty, staff, non-exempt, exempt, and contingent II employees) who is an organ or bone marrow donor. In any 12-month period, an employee may use up to 7 days of organ donation leave to serve as a bone marrow donor; and up to 30 days of organ donation leave to serve as an organ donor.

PART I: To be completed by Employee

Name of employee: _____ Employee ID# _____

Job Title: _____ Department/School _____

Date applied for FMLA (if applicable): _____ Date leave is to begin: _____ Return to work date: _____

Supervisor’s name: _____ Payroll Representative’s name: _____

Reason for requested leave: Bone Marrow Donation Organ Donation

Total days requested: _____

Did you submit the required medical certification/documentation directly to HR-ELR?

- Yes
 No (Please contact HR immediately at 410-706-7302 or leave_and_accom@umaryland.edu)

I understand medical documentation must be submitted to leave_and_accom@umaryland.edu, if necessary, the medical documentation may be submitted up to 15 days after the request form has been submitted. I affirm that the information provided on this form is accurate and truthful. I understand that willful falsification of information contained in this statement can result in employment related action being taken against me as an active employee.

Employee’s Signature

Date

SUBMIT FORM TO: Your Supervisor

PART II: To be completed by Supervisor

I affirm that I have reviewed the organ donation leave request form and:

1. The requested leave dates of [Start Date] to [End Date] have been noted for departmental scheduling purposes.
2. I understand that all confidential medical eligibility decisions will be made solely by the HR Leave Management Department.

Please forward completed request form to leave_and_accom@umaryland.edu

Approved Denied* _____
Supervisor: Signature Name (Print) Date

*Written justification must be submitted if request is denied

PART III: To be completed by Chief Human Resources Officer (CHRO)

I certify that the employee's request for Organ Donation Leave has been reviewed for full compliance with the institution's leave policy and all pertinent legal requirements, including verification of medical documentation.

The request for [Number] days/hours of Organ Donation Leave is Approved Denied*

CHRO (President's Designee): _____ Name (Print) _____ Date _____

*Written justification must be submitted if request is denied
