

**Augusta University**  
**Intent To Donate a Human Organ or Bone Marrow**

Donor Name (Last, First, MI)	Employee ID
Department	
Reason for Leave Request: <input type="checkbox"/> Bone Marrow Donation (May receive up to 7 work days in pay status) <input type="checkbox"/> Human Organ Donation (May receive up to 30 work days in pay status)	
Dates Requested or Proposed:  From: _____ To: _____	
I understand this leave meets the requirements and conditions of Augusta University 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

<b>Physician's Certification</b>		
I certify that the individual named above will be a donor as indicated below.		
Employee will be: <input type="checkbox"/> Bone Marrow Donor <input type="checkbox"/> Human Organ Donor		
Date (Mo/Day/Yr)	Physician's Signature	
Provider/Clinic Name		
Street Address:	City, State and Zip	Physician's Phone Number:

<b>Supervisor and Human Resources Notification</b>	
Date (Mo/Day/Yr)	Supervisor Signature
Family Medical Leave Act (FMLA) This leave will be counted towards your annual FMLA allotment. <input type="checkbox"/> Yes <input type="checkbox"/> No      Check one (If Yes, complete required form)	
Date (Mo/Day/Yr)	Human Resources Signature

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