

West Irondequoit Central School District

Blood Donation Leave Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building: \_\_\_\_\_

Position: \_\_\_\_\_

REQUESTED DATE OF ANNUAL BLOOD DONATION:

Date \_\_\_\_\_ Time gone from work. \_\_\_\_\_

The last donation using work time: \_\_\_\_\_  
(date)

I understand that if I work 20 or more hours per week, I have a maximum of three hours annually for this donation including commute time. I understand this time is not cumulative. **I understand this time is not compensable.** I understand and will provide proof of the donation and have attached the appropriate leave form (i.e. personal day, vacation day, comp time).

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Approved by Executive Director of Personnel Date

<b>For Office Use Only</b>	
Proof Received	_____
Date of Last Exam	_____
Verified	_____
Hours Used	_____