

LONGWOOD CENTRAL SCHOOLS

35 YAPHANK-MIDDLE ISLAND ROAD – MIDDLE ISLAND, NEW YORK 11953-2373

Blood Donation Leave Request Form

Employees who work an average of twenty (20) or more hours per week will be allowed up to three (3) hours of non-chargeable leave time for the purpose of donating blood during the work day. A representative from the location where the blood donation is made must complete the bottom portion of the form.

Please print

Name:	Position:
Employee ID#	Date Submitted:
Building:	Department:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Regular Hours of Employment:
Date and Time of Appointment:	
Date:	Time:
Employee Signature:	Date

Physician's or Facility's Statement:

_____ appeared in my office for the purpose of blood donation on _____ 20 _____ from _____ am/pm to _____ am/pm.

Physician or Authorized Medical Personnel Signature

Date

PLEASE PRINT:

Physician or Authorized Medical Personnel Name: _____

Business Address: _____

Business Phone: _____

Please return the completed **original** form to the Human Resource Dept. - Attn: Attendance