

## Bone Marrow or Organ Donation Medical Certificate

Academic Staff paid leave of absence request for bone marrow or organ donation, per DHRM policy 4.37.

[http://web1.dhrm.virginia.gov/itech/hrpolicy/pol4\\_37.html](http://web1.dhrm.virginia.gov/itech/hrpolicy/pol4_37.html)

*Certificate to be returned 30 days prior to requested leave or within 15 days of receipt of the form by the employee.*

### Employee Section

Employee Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Employee Home or Mobile Telephone: \_\_\_\_\_

### Health Care Provider Section

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee will donate:  Bone Marrow  Organ

Date of Donation: \_\_\_\_\_

Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?  No  Yes.

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

Estimated Return to Work Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to UVA HR Solution Center, Benefits and Leave Team

Fax: 434-924-4042

Email: [leave@virginia.edu](mailto:leave@virginia.edu)