

STATE OF WEST VIRGINIA

APPLICATION

for

ORGAN DONATION/TESTING LEAVE WITH PAY

NAME:		
WORK UNIT/SECTION:		DIVISION:
I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE:		
Hours for:	X Adult Kidney Donation	
	X Adu	lt Liver Portion Donation
	X Adu	lt Bone Marrow Donation
Hours for pre-operative testing to determine surgical fitness and compatibility.		
PERIOD OF LEAVE:		
FROM Date:	X A.M. X P.M.	
TO Date:		X A.M. X P.M.
EMPLOYEE SIGNATURE:		APPLICATION DATE:
□ Approved	IMMEDIATE SUPERVISOR SIGNATURE and DATE:	
□ Disapproved		
□ Approved	AGENCY-AUTHORIZED SIGNATURE and DATE:	
□ Disapproved		
REMARKS (if necessary):		

NOTE: This form is to be used only when an employee is requesting paid leave for the purpose of making an organ donation as set forth in W. VA. CODE §29-6-28. This request must be accompanied by the Physician's/Practitioner's Statement for Organ Donation (DOP-L12).

Employees must use the Physician's/Practitioner's Statement (DOP-L3) when requesting regular sick leave. When requesting a medical leave of absence without pay under the Division of Personnel's *Administrative Rule*, W. VA. CODE R. §143-1-1 *et seq.*, and/or leave with or without pay under the federal Family and Medical Leave or State Parental Leave Acts, employees must use Certification forms DOP-L5 through DOP-L8, as applicable.