



OHIO
UNIVERSITY
Human Resources

Request for Organ Donation Leave

Employee Name: _____ OHIO EE ID#: _____

Department: _____

Employee Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

I, (Physician's name) _____ certify that (Employee's name) _____

is donating (select one): _____ a portion of their liver, _____ a kidney, _____ bone marrow or other _____

and will require leave beginning on _____ and ending on _____.

Physician's Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY:

Supervisor signature: _____ Date: _____