



**OHIO**  
UNIVERSITY

Human Resources

## Request for Organ Donation Leave

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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: \_\_\_\_\_

**RETURN TO:**

University Human Resources  
Grosvenor 324

1 Ohio University  
Athens, OH 45701-2979

Or upload the completed form to University Human Resources via the **secure file upload site**.