

**REQUEST FOR LEAVE TIME**  
**FOR**  
**BLOOD DONATION**

In accordance with New York State law, the district will provide employees with up to three (3) hours of leave time for the purpose of donating blood. If you intend to donate blood during your normal work hours, you must complete this form and bring it to your blood donation center. A representative from the blood donation center must fill in the date and time of your appointment and sign the form. When you return to work, make a copy for your records and send the completed original form to the Attendance/Personnel Department.

\_\_\_\_\_  
Employee's Name (Printed) & ID#

\_\_\_\_\_  
Position

\_\_\_\_\_  
Building/Location

\_\_\_\_\_  
Date and Time of Donation

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
**Blood Donation Center**

\_\_\_\_\_ appeared at our center located

at \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ am/pm (circle one) to donate blood.

\_\_\_\_\_  
Representative's Signature  
(stamped signature not acceptable)

\_\_\_\_\_  
Date