

# Blood Donation Leave Form for Commonwealth of Massachusetts Employees



## Eligible Donation Sites

- American Red Cross Blood Services (Statewide)
- Massachusetts General Hospital (Boston)
- UMass Memorial Medical Center (Worcester)
- Other hospital or blood donation center in Massachusetts – please specify below

Note to employee: Employees may take up to four hours leave of absence with pay, subject to advance approval by their supervisors, for the purpose of donating blood at any blood collection site or hospital in Massachusetts. The leave must be taken on the day that the blood donation occurs and covers the travel time, donation time, and recovery time. Employees will not accrue compensatory time in lieu of such leave. This leave may be allowed for a maximum of up to five times annually, during the period of October 1 through September 30 each year. This leave is designated on HR/CMS using the payroll exception code of "BLD". Questions should be directed to the Massachusetts Human Resources Division at 617-878-9710.

Place of Donation:	Street address of donation
<input type="checkbox"/> American Red Cross	_____
<input type="checkbox"/> Mass. General Hospital	_____
<input type="checkbox"/> UMASS Medical Center	_____
Other (please list): _____	_____

This is to certify that: \_\_\_\_\_  
(Please print name)

Employee ID: \_\_\_\_\_  
Name of state agency where employee works: \_\_\_\_\_  
reported to our Donor Center on \_\_\_\_\_  
(Date)

Arrival time: \_\_\_\_\_  
Departure time: \_\_\_\_\_

***Employees must return to the office after recovery time is complete.***

Check One:	Check One:
<input type="checkbox"/> Donated Blood	<input type="checkbox"/> Platelets
<input type="checkbox"/> Was Deferred	<input type="checkbox"/> Plasma
	<input type="checkbox"/> Whole Blood

Attendant's name (Please print)	Signature of Attendant
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\_\_\_\_\_  
Phone number of Donation Site for verification

I certify this is a true and accurate representation of Blood Leave Time.

\_\_\_\_\_  
Signature of Employee