



Form must be submitted at least 10 days in advance

Please print (except for signature)

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Off-Premise Blood Donation Leave Request Form

Form must be submitted at least 10 days in advance

Please print (except for signature)

Name	Title:
Employee ID#:	Date Submitted:
Department:	Building:
Regular Hours of Employment:	
Date and time of Donation Appointment:	
Date:	Time:
Time requested off from: to:	
☐ Unpaid Time ☐ Sick Time ☐ Personal Time (limited to one three-hour leave including travel time)	
Employee Signature:	Date:
For Human Resources Office Use Only: ☐ Approved ☐ Denied Signature: Date:	

This blood donation leave is limited to:

Nassau BOCES employees who work 20 or more hours per week

Guidelines provide one three-hour leave to donate blood at a location of their choice.

Facility Name: _____	Date: _____
Address: _____	Telephone #: _____
Signature: _____	
Stamp of Facility:	

Lisa Holihan

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