

Blood Donation Leave Form for Commonwealth of Massachusetts Employees



Eligible Donation Sites

- American Red Cross Blood Services
- Massachusetts General Hospital
- UMass Memorial Medical Center
- 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, bloodmobile, blood drive, 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
☐ American Red Cross	_____
☐ Mass. General Hospital	_____
☐ 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)

Office departure time to go donate*: _____

Office arrival time after donation**: _____

- **With prior approval, an employee can leave from home and indicate time departing home to go directly to blood donation site instead of time leaving the office.*
- ***Employees must return to the office after recovery time is complete unless their shift has ended by the time they would return to the office. Employees who do not want to report to the office after their donation should schedule their donation appointment accordingly so the end of their expected recovery time at the blood collection site coincides with their regular ending time at the office.*

Check One:

☐ Donated Blood
☐ Was Deferred

Check One:

☐ Platelets
☐ Plasma
☐ Whole Blood
☐ Double Red Cells

Attendant's name (Please print) _____

Signature of Attendant or donation facility stamp _____

Phone number of Donation Site for verification _____

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

Signature of Employee _____