UNIVERSITY OF SOUTH ALABAMA
HUMAN RESOURCES

Living Donor Request Form

Last Name	First Name	J#	Primary Phone #

Mailing Address	City	State	Zip Code	Work Phone Number

Email Address	Supervisor's Name	Department's Title

Select your work location: ☐ **Campus** ☐ **CWH** ☐ **UH** ☐ **Providence** ☐ **Other USA Health**

REQUEST DETAILS

In accordance with the Alabama Living Donor Protection Act providing paid leave benefits for living organ/bone marrow donors, I am formally requesting paid **Living Donor Leave**:

Type of Donation:	☐ Organ Donation Up to 30 days of paid leave	☐ Bone Marrow Donation Up to 7 days of paid leave
Start Date: / /		**End Date:** / /

• **Physician Certification:** I have attached a signed statement or verification from the medical professional performing the procedure certifying the type of donation and the required medical recovery timeline.

EMPLOYEE ACKNOWLEDGMENT

I certify that the information provided is accurate and that this leave will be used exclusively for the evaluation, procedure, and recovery related to living organ or bone marrow donation. I understand that the living donor leave is a separate paid leave category and will not affect my accrued sick leave, vacation leave or paid time off (PTO), as applicable.

Employee Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

This form must be filled out completely, including the supervisor's signature, and returned to the Human Resources Office by fax at 251-460-7483 or via email at employeebenefitshr@southalabama.edu.