

Intent to Donate Bone Marrow or a Human Organ Form

onor Name (Last, First, Middle Initial):		Employee ID:	canggap pembanangnap ang mengenap tersit at ak meninah kepanan kina wang mengahang milan di selatah di selata d	
Lumina, Jerad R			a	
		0046850		
W System Institution: UW- Milwaukee			A CONTRACTOR OF THE PROPERTY O	ng day jeung panadan sa kasan mang pang pang menangan pang pangkan pang pang pang pang pang pang pang pa
eason for Leave Request: Bone Marrow Human Organ	Donation (M Donation (M	lay receive up to 5 w Nay receive up to 30	ork days in pay statu work days in pay stat	s) us)
lumber the leave categories in the priority to				
→ Vacation/Vacatio	n Carryover	Sick	Leave	
Sabbatical/Paid L Personal Holiday	eave Bank		ve Without Pay	
understand this leave meets the requiremen	nts and cond	itions of the Wiscon	sin (WFMLA) and/or	Federal Family an
Medical Leave Act (FMLA). If needed, the a				
ndicated above and file timesheets according			act my Supervisor or	Director to chang
hese leave elections if I so choose. Date (Mo/Day/Yr): En	anlauss Cian			
ate (MO/Day/TT):	mployee Signature:			
11/11/2020		111 16		
	4			
'HYSICIAN'S CERTIFICATION: certify that the individual named above will	l be a donor	as indicated helow		
mployee will be: Bone Marrow Done	THE PROPERTY OF THE PROPERTY O	Human Organ Dono	na tana manakini majan kermani manan manan na malangan kermaniki mana mana tahun terbis kermani men I	u proprio de la provinció de la compansión
		Traman Organi Dono		
Plate (Mo/Day/Yr): 11/23/2020	hysician's Sig	nature:		
11/23/2020	une	3 pull	4	
11 /61: 1 11				
rovider/Clinic Name: University of	Wiscor	sin Hospita	I and Clinics	}
	Tale	THE RESIDENCE OF THE PARTY OF T	State WI	Zip Code 5379
600 Highland Av	e	Madison	VVI	5379
	and the second s			
UPERVISOR/DIRECTOR and HUMAN RES	OURCE REP	RESENTATIVE'S N	OTIFICATION:	
Company and the second company of the second	Supervisor/Director Signature:			
Pate (Mo/Day/Yr):	Supervisor	Director Signature:		
11/13/20	K			
Visconsin/Family Medical Leave Act (FMLA)	This leave	will be counted towa	rds your annual W/Fl s, complete required	
11/13/20	This leave v	will be counted towa	s, complete required	
Visconsin/Family Medical Leave Act (FMLA)	This leave v	will be counted towa Check one (if Ye	s, complete required	

Copy 1	Institution Human Resource Office
Сору 2	Employee

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