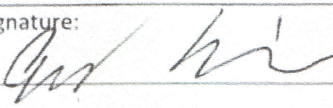
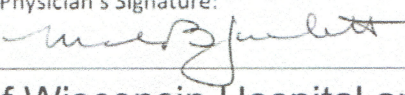
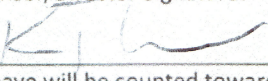


EMPLOYEE INFORMATION:	
Donor Name (Last, First, Middle Initial): Lumina, Jerad R	Employee ID: 00468509
UW System Institution: UW- Milwaukee	
Reason for Leave Request: <input checked="" type="checkbox"/> Bone Marrow Donation (May receive up to 5 work days in pay status) <input type="checkbox"/> Human Organ Donation (May receive up to 30 work days in pay status)	
Number the leave categories in the priority to be charged, if applicable: <div style="display: flex; justify-content: space-between;"> <div> <u>3</u> Vacation/Vacation Carryover <u>4</u> Sabbatical/Paid Leave Bank <u>2</u> Personal Holiday </div> <div> <u>1</u> Sick Leave <u>5</u> Leave Without Pay </div> </div>	
I understand this leave meets the requirements and conditions of the Wisconsin (WFMLA) and/or Federal Family and Medical Leave Act (FMLA). If needed, the appointing authority will charge the additional leave to the categories indicated above and file timesheets accordingly. I understand that I may contact my Supervisor or Director to change these leave elections if I so choose.	
Date (Mo/Day/Yr): 11/11/2020	Employee Signature: 

PHYSICIAN'S CERTIFICATION:			
I certify that the individual named above will be a donor as indicated below.			
Employee will be: <input checked="" type="checkbox"/> Bone Marrow Donor <input type="checkbox"/> Human Organ Donor			
Date (Mo/Day/Yr): 11/23/2020		Physician's Signature: 	
Provider/Clinic Name: University of Wisconsin Hospital and Clinics			
Address Street 600 Highland Ave		City Madison	State WI
		Zip Code 53792	

SUPERVISOR/DIRECTOR and HUMAN RESOURCE REPRESENTATIVE'S NOTIFICATION:	
Date (Mo/Day/Yr): 11/13/20	Supervisor/Director Signature: 
Wisconsin/Family Medical Leave Act (FMLA)	This leave will be counted towards your annual W/FMLA allotment. Yes <input type="checkbox"/> No <input type="checkbox"/> Check one (if Yes, complete required form)
Date (Mo/Day/Yr):	Human Resource Representative Signature:

Copies of all documentation will be retained in the institution Human Resources Office.

Copy 1	Institution Human Resource Office
Copy 2	Employee