

**To:** All Employees

**From:** Human Resources

**Re:** BLOOD DONATION

**Date:** September 2, 2014

**Blood Donation:**

This notification is being provided to inform employees that effective May 7, 2008 the Department of Labor issued guidelines regarding the donation of blood as it relates to employee leave.

**Guidelines:**

The guidelines provide that the employees who work 20 hours per week or more are entitled to at least one three hour blood donation leave per calendar year to donate blood at a location of their choice. Districts/BOCES may provide either an on-site or an off-premise location, both during the employee's regular working hours. The guidelines state that leave taken by employees at a company-designated donation alternative (such as an employer-sponsored blood drive at the workplace) ***must be paid leave*** that is provided without requiring the employee to use accumulated vacation , personal, sick, or other leave time. Leave granted to employees for off-premise blood donation is ***not*** required to be paid leave. Employees have the option to use sick/personal or unpaid leave time to donate blood at an off-premise blood donation facility.

**Required Documentation:**

All full and part-time Nassau BOCES employees are required to submit either a completed "District Sponsored Blood Donation Leave Request" or the "Off-Premise Blood Donation Request" form to Human Resources (attached). The Blood Donation Facility must complete the Verification section to verify that the employee donated blood. This form also documents the employee's absence. All Request forms must be submitted at least 10 days prior to the appointment. Employees will be notified by Human Resources whether the leave is approved.

As with any other absence, the employee should follow routine attendance reporting procedures, such as calling the Substitute Employee Management System (if applicable) and alerting your supervisor. Employees should write **BD** on their timesheet for reconciliation with the Blood Donation Leave Request form for district (BOCES) sponsored blood drives. No additional leave request forms will be required. Absences exceeding the maximum number of hours allotted will be charged to the employee's leave accruals. Additional forms can be obtained on the Nassau BOCES website under the employee section.

**Contact:**

Please contact Nancy Otton in the Human Resources Department at 396-2222 if you have any questions related to Blood Donation Leave Requests.

**Non-discrimination Statement**

The Nassau BOCES advises students, parents, employees and the general public that it offers employment and educational opportunities without regard to age, race, creed, color, national origin, sexual orientation, religion, military/veteran status, sex (including pregnancy, childbirth, or related medical condition), gender, marital status, disability, predisposing genetic characteristic(s), or domestic violence victim status. Moreover, the Nassau BOCES shall provide equal access to the Boy Scouts and other designated youth groups. Information and grievance procedures are available by contacting the following Civil Rights Compliance Officers at 71 Clinton Rd., Garden City, NY 11530: Cynthia Fitzgerald, Executive Director of Human Resources at 516-396-2358, [cfitzgerald@nasboces.org](mailto:cfitzgerald@nasboces.org) or Selma Stoddard, Esq., Assistant Director, Department of Human Resources at 516-396-2360, [sstoddard@nasboces.org](mailto:sstoddard@nasboces.org). Inquiries concerning the application of regulations prohibiting discrimination may be referred to the above-mentioned Civil Rights Compliance Officers or to the Office for Civil Rights at NY Office for Civil Rights, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500 or call 646-428-3900, or fax 646-428-3843, or TDD 800-877-8339 or email [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov) or file form at <http://www2.ed.gov/about/offices/list/ocr/complaintintro.html>.

## District Sponsored 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 (To be completed by Supervisor):	
Date:	Time:
(limited to one three-hour leave including travel time)	
Employee Signature:	Date:
Supervisor Signature:	Date:
For Human Resources Office Use Only:	
<input type="checkbox"/> Approved <input type="checkbox"/> 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.

### Verification of District Sponsored Blood Donation Appointment

**To be completed by the Blood Donation Facility:**

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

**Completed form should be returned to Nancy Otton in the Nassau BOCES Human Resources Office, 71 Clinton Road, Garden City, New York, 11530.**



**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: _____	
<input type="checkbox"/> Unpaid Time <input type="checkbox"/> Sick Time <input type="checkbox"/> Personal Time (limited to one three-hour leave including travel time)	
Employee Signature: _____	Date: _____
<b>For Human Resources Office Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> 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.

**Verification of Off- Premise Blood Donation Appointment**

**To be completed by the Blood Donation Facility:**

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

**Completed form should be returned to Nancy Otton in the Nassau BOCES Human Resources Office, 71 Clinton Road, Garden City, New York, 11530.**

