**DONATION LEAVE POLICY**

**ELIGIBILITY FOR LEAVE**

[All employees are entitled to leave for [bone marrow,] [organ,] [and] [blood] donation under this policy.]

OR

[Employees who satisfy the following criteria may qualify for [bone marrow,] [organ,] [and] [blood] donation leave: [ELIGIBILITY CRITERIA].]

This policy complies with all applicable laws and regulations in the state of Indiana.

**BONE MARROW DONATION LEAVE**

Eligible employees may take up to [NUMBER] [hours/days/weeks] of [paid/unpaid] leave during a [specified period/[LENGTH OF TIME]] to donate bone marrow. [To request this leave, employees must provide/[EMPLOYER'S NAME] may request] written documentation from a physician verifying the need and duration of the leave.

**ORGAN DONATION LEAVE**

Employees who qualify may take up to [NUMBER] [hours/days/weeks] of [paid/unpaid] leave within a [defined period/[LENGTH OF TIME]] to serve as an organ donor. [Employees requesting this leave must submit/[EMPLOYER'S NAME] reserves the right to request] a written statement from a physician confirming the reason and expected length of the leave.

**BLOOD DONATION LEAVE**

Eligible employees are allowed up to [NUMBER] hours of [paid/unpaid] leave within a [defined timeframe/[LENGTH OF TIME]] for the purpose of donating blood. [Employees who utilize this leave must submit/[EMPLOYER'S NAME] may require] verification of their donation, such as [FORM OF REQUIRED VERIFICATION].

[Time off for [bone marrow,] [organ,] [and] [blood] donations under this policy [will/will not] overlap with [OTHER TYPES OF LEAVE] offered by [EMPLOYER'S NAME].]

**COMPENSATION DURING LEAVE**

Leave provided under this policy is [paid/unpaid]. [Employees may opt to use any accrued but unused [vacation/paid time off/paid sick leave] instead of unpaid leave.] Any unused leave accrued under this policy [will/will not] roll over into the following calendar year.

Exempt employees may be granted paid time off as required to meet applicable state and federal wage and hour laws.

**REQUESTING LEAVE**

Employees are required to submit leave requests under this policy to [their supervisor/the [DEPARTMENT NAME] Department]. Requests must be made [in writing] as early as possible, and no later than [NUMBER] [calendar/business] days prior to the planned start of the leave.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and management of this policy. For any questions regarding [bone marrow,] [organ,] [or] [blood] donation leave that are not covered here, employees should contact the [DEPARTMENT NAME] Department.

**NO RETALIATION**

[EMPLOYER'S NAME] strictly prohibits any form of discipline, reprisal, intimidation, or retaliation against individuals for requesting or taking leave under this policy.

To ensure the success of this policy, [EMPLOYER'S NAME] relies on employees to report any inappropriate workplace conduct, including retaliatory actions. If you believe you or someone else has experienced retaliation or any conduct that violates this policy, report it immediately to the [DEPARTMENT NAME] Department. Failure to report such conduct may prevent [EMPLOYER'S NAME] from addressing potential violations and taking corrective action.

[For additional details, refer to [EMPLOYER'S NAME]’s Anti-Retaliation Policy.]

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The terms outlined in this policy are intended to work alongside, but not replace, modify, or supplement, any conditions set forth in a collective bargaining agreement (CBA) between a union and [EMPLOYER'S NAME].

Employees should review their collective bargaining agreement for guidance. In cases where this policy conflicts with the terms outlined in the CBA, the provisions of the CBA will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date