



Bone Marrow or Organ Donation Medical Certificate

Paid leave of absence request for bone marrow or organ donation, per DHRM policy 4.37.

https://web1.dhrm.virginia.gov/itech/hrpolicy/pol4_37.html

Certificate to be returned 30 days prior to requested leave or within 15 days of receipt of the form by the employee.

Employee Section

Employee Name: _____

Employee Email Address: _____

Employee Home or Mobile Telephone: _____

Health Care Provider Section

Health Care Provider's Name: _____

Health Care Provider's Business Address: _____

Telephone: _____ Fax: _____

Employee will donate: Bone Marrow Organ

Date of Donation: _____

Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes

If so, estimate the beginning and ending dates for the period of incapacity: _____

Estimate Return to Work Date: _____

Physician Signature: _____ Date: _____

Return to JMU HR, Benefits Team

Fax: 540-568-7916

Email: benefits@jmu.edu