LIVING DONOR PAID LEAVE REQUEST AND APPROVAL FORM

Effective 10/1/26

The Alabama Living Donor Protection Act provides eligible employees with paid leave for the donation of an organ or bone marrow.

PART I — EMPLOYEE REQUEST

Employee Name: _____Salary Schedule: _____

Type of Living Donation:

☐ **Organ Donation** — Up to 30 consecutive calendar days of paid living donor leave

☐ **Bone Marrow Donation** — Up to 7 consecutive calendar days of paid living donor leave

Living donor leave must be taken consecutively beginning on the date of the medical procedure. Intermittent living donor leave is not available.

Date of Medical Procedure (Leave Beginning Date): _____

Requested Leave Ending Date: _____Number of Days Requested: ___

Employee Signature: _____Date: _____

PART II — PHYSICIAN VERIFICATION (To be completed by the physician who will perform the medical procedure or append written letter from physician).

Physician Name: _____ Telephone:_____

Medical Practice/Hospital: _____

Employee/Patient Name: _____

I verify that the above-named individual is scheduled to undergo a medical procedure for the purpose of serving as a living donor.

☐ Organ Donation ☐ Bone Marrow Donation

Anticipated Date of Medical Donation: _____

Physician Signature: _____Date:_____

PART III — HUMAN RESOURCES ELIGIBILITY REVIEW (To be completed by HR)

Eligibility Requirements

1. Is Employee Permanently Employed – does not include part-time, as needed, occasional, and other temporary personnel, but it does include those on Salary Schedules B, C, D, E, H.

☐ Yes ☐ No **Salary Schedule:** _____

2. Is Employee's Compensation Derived in Whole or in Part from Funds Appropriated in the State General Fund or Education Trust Fund – not a worker whose 100% of salary and benefits are covered by a third-party which also does not obtain its funding from the State General Fund or Education Trust Fund.

☐ Yes ☐ No ☐ Requires Additional Review

3. At Least 1 Year of Current Service? Current Service with College Began _____

☐ Yes ☐ No

HR Eligibility Determination: ☐ Eligible ☐ Not Eligible ☐ Additional Info Needed

Reviewed by: _____

Signature: _____ Date: _____

PART IV — SUPERVISOR RECOMMENDATION

☐ RECOMMEND APPROVAL ☐ DO NOT RECOMMEND APPROVAL (written justification required)

Supervisor Name: _____

Signature: _____ Date: _____

PART V — PRESIDENT OR DESIGNEE APPROVAL

☐ APPROVED ☐ NOT APPROVED (Written Justification needed)

President/Designee Name: _____

Signature: _____ Date: _____

Important Notices:

- An employee shall not be retaliated against or discriminated against for requesting or using living donor paid leave.
- Living donor leave shall be a separate classification of leave which shall not apply to or exhaust an employee's accrued or available leave.
- If the employee is otherwise eligible for leave under the Family and Medical Leave Act (FMLA), the College may designate qualifying living donor leave as FMLA leave, as permitted or required by applicable federal law. Designation of living donor leave as FMLA leave shall not reduce or exhaust the employee's accrued sick leave, annual leave, or other accrued paid leave.