

**Donor Leave Request Form**

Employee Name: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_

I request Donor Leave for \_\_\_\_\_ hours of Donor Leave under the Kansas State Donor Program.

The type of Donation I will be making: \_\_\_\_\_

\_\_\_\_\_.

Date of the Donation: \_\_\_\_\_

Location of the Donation: \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Supervisor: I approve \_\_\_\_\_ hours Donor Leave for the above named employee. The request is for paid leave in accordance with the Kansas State Donor Program. The above named employee does meet the criteria for the Donor Leave Program.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date