

Donor Leave Request Form

Employee Name: _____ PSU ID# _____

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