

**PAID LIVING DONOR LEAVE (PLDL) REQUEST FORM****IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM**

This request should be made at least 30 days in advance of the date on which you wish to start your PLDL, when practical. Further information on PLDL, including the terms and conditions, can be found on the [IU Human Resources website](#).

For information on PLDL for Faculty and Academic Appointees see university policy [ACA-47 Leaves for Academic Appointees](#). Please contact your campus Vice Chancellor/Provost or Office for Academic Affairs for further information, interpretation, documentation, and enforcement of this paid leave policy.

Complete and sign this form, attach all required documentation (if available), and mail to: IU Human Resources, ATTN: Case Management/PLDL, 420 N. Walnut Street, Bloomington, IN, 47404; e-mail to [hrcsmgmt@iu.edu](mailto:hrcsmgmt@iu.edu); or fax to 812-856-5677.

**PLEASE PRINT ALL INFORMATION LEGIBLY****SECTION 1 TO BE COMPLETED BY EMPLOYEE****PERSONAL INFORMATION**

<b>Request Type:</b> <input type="checkbox"/> Initial Request <input type="checkbox"/> Revise Previous Request	<b>Type of Donor:</b> <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Bone Marrow
<b>Name:</b>	<b>10-Digit University ID:</b>
<b>Campus:</b>	<b>Department:</b>
<b>Job Title:</b>	<b>Campus Phone:</b>
<b>Other Phone:</b>	<b>Email:</b>
<b>Supervisor/Department Designee Name:</b>	
<b>Supervisor/Department Designee Campus Phone:</b>	
<b>Supervisor/Department Designee E-Mail:</b>	

**TIME OFF REQUESTED (Select one or both)**

<input type="checkbox"/> <b>Continuous Leave</b>	Anticipated Begin Date: _____	End Date: _____
<input type="checkbox"/> <b>Intermittent/Reduced Work Schedule</b>	Please Explain: _____ _____	
	Anticipated Begin Date: _____	End Date: _____
I am requesting intermittent time off or a reduced work schedule, and have reviewed with my supervisor/department designee and HR representative. Further, my supervisor/department designee has approved my proposed intermittent time off or reduced work schedule.		
	Employee Initials: _____	Date: _____

**AFFIRMATION & SIGNATURE**

I affirm that the information I have provided on this form is accurate and complete. I acknowledge that I have read and understand the PLDL information available to me on the IU Human Resources web site and that I will provide Indiana University documentation and information as may be requested.

<b>Employee Signature:</b>	<b>Date:</b>
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**DOCUMENTATION IS REQUIRED WITHIN 30 CALENDAR DAYS OF DONATION**



**SECTION 2** TO BE COMPLETED BY IU HUMAN RESOURCES CASE MANAGEMENT

Date Request Received:

Employee Name:

Employee ID:

<b>Eligibility</b>	<input type="checkbox"/> Employee appointed 30 or more hours per week in a benefits-eligible staff position when donation occurred. <input type="checkbox"/> Employee has been continuously employed in a 30 or more hours per week benefits-eligible staff or faculty position for at least 12 months prior to donation.
<b>Pending Approval</b>	<input type="checkbox"/> Leave is approved pending receipt of documentation. _____ (date)
<b>Denial</b>	<input type="checkbox"/> Leave is denied - Employee not appointed 30 or more hours per week in a benefits-eligible staff position when donation occurred. <input type="checkbox"/> Leave is denied - Employee has not been employed by IU for 12 months continuously. Only _____ months have been worked.
<b>Secondary Action</b>	<input type="checkbox"/> Leave is approved as requested. _____ (date) <input type="checkbox"/> Leave is denied - Employee did not provide supporting documentation. _____ (date)
<b>Other</b>	<input type="checkbox"/> Other (Please explain in Notes section below)

Notes

**Case Management Follow-Up**

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

Is the employee eligible for FMLA Leave?  Yes  No If yes, begin date: \_\_\_\_\_ to end date: \_\_\_\_\_

Printed Name (IU Human Resources Representative):

Signature (IU Human Resources Representative):

Date: