

Appendix 427 A BONE MARROW AND ORGAN DONATION LEAVE AGREEMENT

As a condition of being granted a leave of absence from my position with Eau Claire County to donate organs or bone marrow, I acknowledge that I have read and understand the ***Eau Claire County** Leave- Bone Marrow and Organ Donation Policy (Policy 427)*.

Employee Name: _____

Department and Position: _____

Leave to begin on _____ and continue through _____.

I acknowledge that I have received, read, and understand the Bone Marrow and Organ Donation Leave Policy of Eau Claire County. I understand that the failure to pay my group insurance premiums will result in the termination of the insurance. I understand that, if, prior to my leave, the County agrees to pay my premiums while I am on leave, I must immediately repay the County upon my return to work and if I do not, the County will deduct the amount I owe from my paycheck.

Employee Signature

Date

TO BE FILED IN EMPLOYEE'S PERSONNEL FILE