# GOVERNMENT OF THE DISTRICT OF COLUMBIA D.C. Department of Human Resources

## **District Personnel Manual Issuance System**

This instruction should be filed behind the divider for Part III of DPM Chapter(s) 12

**DPM Instruction No. 12-36** 

**SUBJECT**: Leave Procedures for Organ and Bone Marrow Donors

**DATE**: June 30, 2008

NOTE: This instruction supersedes DPM Instruction No. 12-19, Leave Procedures Under the Organ and Bone Marrow Donor Leave Amendment Act of 2002, dated October 11, 2002. The reason the instruction is being superseded is to make minor modifications to the instruction.

#### 1. Purpose

The purpose of this instruction is to provide guidance on the procedures for the granting of leave to employees to serve as bone marrow or organ donors.

#### 2. Authority

The Organ and Bone Marrow Donor Leave Amendment Act of 2002, effective June 25, 2002 (D.C. Law 14-148; D.C. Official Code §§ 1-612.03 (b) (a) through (c); and section 1259, Excused Absence in Connection with Serving as a Bone Marrow or Organ Donor, of Chapter 12 of the D.C. personnel regulations, Hours of Work, Legal Holidays and Leave.

#### 3. Applicability

This instruction is applicable to all employees of the District of Columbia government.

#### 4. **Provisions**

- a. District government employees are entitled to:
  - (1) Up to 7 workdays of excused absence in a calendar year, without loss or reduction in pay, leave, or credit for time of service, to serve as a bone marrow donor.
  - (2) Up to 30 workdays of excused absence in a calendar year, without loss or reduction in pay, leave, or credit for time of service, to serve as an organ donor.

Note: DPM Bulletins that are strictly procedural in nature have direct applicability only to agencies and employees under the personnel authority of the Mayor. Other personnel authorities or independent agencies may adopt any or all of these procedures or guidance materials for agencies and employees under their respective jurisdictions. [See DPM Chapter 2, Part II, Subpart 1, § 1.3.]

Inquiries: Policy and Planning Administration, DCHR (202) 442-9700

Distribution: Heads of Departments and Agencies, HR Advisors, and DPM Subscribers

**Retain Until Superseded** 

- b. The workdays prescribed above shall be converted to hours (i.e., 7 workdays equals 56 hours for an employee working 80 hours in a biweekly pay period).
- c. The donating employee must seek approval of the excused absence from his or her immediate supervisor, prior to the donation, by completing a Request for Organ/Bone Marrow Donor Leave form and presenting an original medical certification (copies attached).

Brender L. Gregory

Director

#### Attachments:

- DCHR DCSF No. OBM 12-02, Request for Organ/Bone Marrow Donor Leave (Rev. 6/08)
- DCHR DCSF No. OBM 12-03, Medical Certification by Health Care Provider for the Purpose of Approval of Paid Leave for Organ/Bone Marrow Donation (Rev. 6/08)

#### GOVERNMENT OF THE DISTRICT OF COLUMBIA

#### D.C. Department of Human Resources

# REQUEST FOR ORGAN/BONE MARROW DONOR LEAVE

TO BE COMPL	ETED BY THE EMPLO	YEE	
Name:			
(Last)	(First)	(Middle)	
Social Security Number:	Organization Code:		
Title/Series/Grade:	20780		
Department or Agency:			
CATE	GORY OF DONOR		
Organ Donor	Bone	Bone Marrow Donor	
I hereby request workdays/ hou and end on, to pursuant to the provisions of the Organ Law 14-148; D.C. Official Code §§ 1-6 of the D.C. Personnel Regulations, Hou I further certify that becoming a donor is excused absence constitutes a true, valid	to serve as a donor in the categor and Bone Marrow Donor Amen 12.03 (b) (a) through (c); and se ars of Work, Legal Holidays and is a voluntary act on my part, and	y specified above, dment Act of 2002 (D.C. ction 1259 of Chapter 12 Leave.	
Signature of the Employee	Date	e of the Request	
TO BE COMPLETED	BY THE EMPLOYING	AGENCY	
☐ Approved	☐ Disapproved (if disapp	roved, give reason.)	
Signature of Approving Official		Date	
Distribution:			
Original - Official Personnel Folder	Copy – Employee Co	py – Agency T&A Officer	

#### GOVERNMENT OF THE DISTRICT OF COLUMBIA

# D.C. Department of Human Resources

## Medical Certification by Health Care Provider for the Purpose of Approval of Paid Leave for Organ/Bone Marrow Donation

nployee's Name:	<u> </u>
edical Procedure:	
Organ Donation	Bone Marrow Donation
timated period of incapacity (hours/days) as a	result of organ/bone marrow donation:
om to	
(Date)	(Date)
mments (optional):	
Health Care Provider (Print Name)	Type of Practice
Signature of Health Care Provider	
Address	
Telephone Number	Date