

**SUNY Cortland
Blood Donation Leave Form**

Employee Name:	
Blood Draw Site:	
Location (check one):	<input type="checkbox"/> On site <input type="checkbox"/> Off site
Date of Blood Draw:	
Time Out of Work:	From: To:

To be completed by Blood Draw Provider:

This is to certify that I provided services as noted above for the purpose of blood donation.

Signature of person drawing blood

Date