	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR336
		Effective Date	June 1, 2011
	<u>Subject</u> Organ Donor Leave/Blood Donation Policy	Page	1 of 5
		Supersedes	October 1, 2008

## **POLICY**

The Johns Hopkins Health System Corporation (JHHSC) and The Johns Hopkins Hospital (JHH) recognizes and understands the importance of organ and tissue donation, as well as donating blood and/or blood platelets. In an effort to encourage employees to participate in these life-giving processes, JHHSC/JHH provides paid time off during the donation and recovery period, if applicable.

## **ORGAN DONOR LEAVE:**

### **ELIGIBILITY**

This policy applies to full-time and part-time (who regularly work 20 hours or more per week) employees of JHHSC/JHH and who have been employed by JHHSC/JHH for at least 90 days. Organ Donor Leave is available to an employee who is not on an approved unpaid leave of absence for another reason at the time of the request or at the time of the donation. Eligibility for taking Organ Donor Leave shall begin on the date of the procedure.

### **GENERAL PROVISIONS**

Employees are eligible for paid leave without charge to accruals, for either full or partial days, while serving as either a bone marrow donor or an organ donor or recovering from the procedures involved. The leave with pay without charge to accruals includes any necessary travel time, as well as any medical testing or other procedures to determine bone marrow or organ donation compatibility.


The leave is available only to the extent that it conflicts with the employee's work schedule. Employees who undergo bone marrow and organ donation outside their regular work schedule, do so on their own time. Employees absent on a holiday for the purpose of bone marrow or organ donation are considered to be observing the holiday and are not granted Organ Donor Leave for bone marrow or organ donation for the holiday.

For employees on part-time or alternative work schedules, a work day is based on the length of the employee's scheduled work day. For example, a half-time employee who is scheduled to work four (4) hours a day and a full-time employee on a compressed workweek who is scheduled to work 10 hours per day four (4) days a week have each used one (1) workday of entitlement under this section if absent for a full work shift.

If an employee uses the leave under this section in less than a full day unit, the leave is calculated as a fraction of the employee's work day. For example, a full-time employee who works eight hours a day and who is absent for four (4) hours for bone marrow donation has used one half-day of his/her entitlement.

**Pay Supplement:** JHHSC/JHH will continue the employee's full pay during the elimination period for Short Term Disability (STD) benefits, and will supplement the employee's pay to the extent that the Short Term Disability Plan is insufficient to provide full pay. Each day of approved leave is paid at the employee's base pay, plus any regular shift differentials. The supplement will be provided to bring the employee's compensation to his or her full regular rate of pay according to the following provisions:

**Bone Marrow Donor** - An employee donating bone marrow is eligible for the pay supplement for up to seven work days (56 hours) of paid time off. Medical documentation will be required.

	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR336
		Effective Date	June 1, 2011
	<u>Subject</u> Organ Donor Leave/Blood Donation Policy	Page	2 of 5
		Supersedes	October 1, 2008

**Kidney/Liver/Lung Donor** - An employee donating a kidney, liver, lung or other solid organ is eligible for the pay supplement for up to 30 work days (240 hours) of paid time off. In addition, an employee may receive up to two additional months of pay supplement subject to the approval of the Human Resources Vice President if additional recovery time is needed. Medical documentation will be required.

The Director of Benefits shall initiate all necessary steps to recover donor leave benefits paid in error or paid as a result of fraud. The Director may make any needed adjustments to ensure the proper payment of benefits. When necessary, the Director shall request the Office of the General Counsel take appropriate action to recover improperly paid benefits.

In order to qualify for bone marrow or organ donor leave, employees must provide a written request from both the employee and the medical physician that will perform the transplant. Following the transplant, written verification of the fact must be provided by the same physician. Organ Donor Leave is not considered hours worked for purposes of calculating overtime. It is considered hours worked toward calculating earned PTO/vacation accrual.

**Employee Benefits:** An employee on an Organ Donor Leave will continue to be covered for benefits, if participating at the time of the Leave.

This leave is available each time an employee serves as a bone marrow or organ donor and is in addition to any other leave allowed.

## **PROCEDURES**

**Employee** – Advises manager 30 days in advance, if possible, of need to take leave. If there is an urgent request, as much notice as possible would be expected. Employee submits documentation from physician indicating type of donation and expected time off, including organ and bone marrow donor certification. Employee completes and submits STD paperwork.

**Supervisor/Manager** – Advises the Director of HR Service Center/Benefits Office of request in writing, attaching medical documentation.

**Director of HR Service Center/Benefits** – Reviews documentation and approves. Notifies employee and supervisor/manager of approval.


**Employee** - Communicates with supervisor/manager regularly while on leave about expected return to work date and other job related matters. The employee is responsible for obtaining a letter from a physician(s) documenting the employee's participation in bone marrow or organ donation, and describing the length of time off expected before the employee can return to work.

**Occupational Health** - Evaluates and renders a decision as to whether the employee may return to work. If so, completes a "Return to Duty" slip and gives it to the employee.

**Employee** - Returns to work and gives supervisor/manager the "Return to Duty" slip to be placed in the departmental personnel file.

## **BLOOD DONATION:**

Employees are allowed time during work hours to donate blood, blood platelets or granulocytes (white blood cells) through the pheresis process.

	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR336
		Effective Date	June 1, 2011
	<u>Subject</u> Organ Donor Leave/Blood Donation Policy	Page	3 of 5
		Supersedes	October 1, 2008

**NOTE: Pheresis is a procedure in which blood is drawn from a donor and separated into its components, some of which are retained. The remainder is returned by transfusion to the donor.**

1. Employees must request and receive prior approval from their supervisors to be away from the work area for blood donation. Supervisors may schedule the time to be used for this purpose based on the needs of the organization.
2. Time away from work is for the purpose of donating blood, platelets or granulocytes and to recover from the donation. Employees who do not use the time allowed, as specified below, at the time of each donation, do not accrue any right to additional absence or payment.
  - a. Up to two (2) hours per donation [no more than eight (8) hours per year] may be granted when employees donate blood.
  - b. Up to four (4) hours per donation [no more than sixteen (16) hours per year] may be granted when employees donate blood platelets or granulocytes through the pheresis process.
3. Employees who donate blood, platelets or granulocytes on non-work time are not to receive time off from work due to the donation.

#### **REFERENCES**

HR326 Policy Paid Time Off (PTO)  
HR334 Policy Short Term Disability (STD)

#### **SPONSOR**

Vice President, Human Resources

#### **REVIEW CYCLE**

3 years

#### **APPROVAL**




6.1.11

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Vice President, Human Resources

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Date

	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR336
		Effective Date	June 1, 2011
	<u>Subject</u> Organ Donor Leave/Blood Donation Policy	Page	4 of 5
		Supersedes	October 1, 2008

**PHYSICIAN OR HEALTH CARE PROVIDER CERTIFICATION  
FOR LIVING ORGAN AND BONE MARROW DONOR LEAVE**

**Employee's Information** *(Please Print)*

Name (First/Middle/Last)

\_\_\_\_\_

Social Security Number

Job Title

\_\_\_\_\_

Department

\_\_\_\_\_

Home Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone Home / Work (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

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1. This information is being provided by:

\_\_\_ a) Physician \_\_\_ b) Practitioner \_\_\_ c) Other provider of health services

2. Information of Physician or other health services provider who is performing the procedure:

Name


\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR336
		Effective Date	June 1, 2011
	<u>Subject</u> Organ Donor Leave/Blood Donation Policy	Page	5 of 5
		Supersedes	October 1, 2008

3. Date the procedure will commence:

\_\_\_\_\_

4. Where the procedure will commence:

Facility's Name and Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

5. Type of procedure: \_\_\_ Kidney/Liver/Lung Donation \_\_\_ Bone Marrow Donation

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**I certify that the information contained in this form is true to the best of my knowledge.**

\_\_\_\_\_  
**Attending Physician's / Health Care Provider's Signature**

\_\_\_\_\_  
**Date**

**I certify that the information contained in this form is true to the best of my knowledge and understand any misrepresentation on my part may result in denial of leave and/or discipline.**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN THIS FORM TO: DIRECTOR OF BENEFITS, PHIPPS 455 OR  
FAX: 410-955-0737.**