1. **BLOOD DONATION:**

MUSC Engineering and Facilities employees may donate blood during working hours. Certain safety limitations, such as no heavy lifting for four (4) hours, are placed on the employee after donating.

A. **GUIDELINES FOR DONATION**

1. The supervisor must be notified in advance and approve an employee’s participation. Participation in the blood donation program is voluntary. Absence from assigned duties is covered by supplemental leave during an employee’s scheduled work shift. Donating blood on an employee’s own time is not covered. Second shift employees who wish to donate blood before reporting to work must also have the permission of their supervisor.

2. Employees donating blood must obtain the Engineering and Facilities Red Cross Donation form from either their supervisors or from the Engineering and Facilities Human Resources Coordinator. A sample of the form is on the next page.

3. The allowable time away from job duties ranges from one to four hours due to differing procedures used for drawing blood.

4. Employees must return to work following release from the donation facility and give the completed and signed blood donation form to their supervisor.

Complete information on blood donation policies and procedures may be found in the Human Resource Management Policy 21, Supplemental Leave.
ENGINEERING AND FACILITIES - BLOOD DONATION

NOTE TO ENGINEERING AND FACILITIES EMPLOYEES:

WE APPRECIATE YOUR VOLUNTEERING TO DONATE BLOOD.

MUSC POLICY ALLOWS TIME AWAY FROM THE JOB FOR BLOOD DONATION. TIME USED FOR BLOOD DONATION MAY BE CHARGED AS (TO) “SUPPLEMENTAL LEAVE.” ONLY THE TIME NEEDED TO COMPLETE THE DONATION PROCESS IS CONSIDERED SUPPLEMENTAL LEAVE. THE MAXIMUM ALLOWABLE LEAVE IS FOUR (4) HOURS.

DONATING BLOOD ON CAMPUS TAKES APPROXIMATELY ONE HOUR. LEAVE IS NOT AUTHORIZED WHEN DONATING BLOOD AFTER NORMAL WORKING HOURS. SUPERVISOR’S APPROVAL IS REQUIRED BEFORE LEAVING THE WORK AREA TO DONATE BLOOD.

THIS IS TO VERIFY THAT _______________________________ REPORTED TO DONATE BLOOD TODAY.

DATE:__________________________

ARRIVAL TIME:__________________

COMPLETION TIME: ______________

NAME OF NURSE OR ADMINISTRATOR WE MAY CONTACT FOR VERIFICATION:

NAME: _________________________________

TELEPHONE NO: ______________________

SUPERVISOR’S SIGNATURE: ________________________________

DATE: ______________

DEPARTURE TIME: _________ ARRIVAL TIME: _________