

**THE COLLEGE OF NEW JERSEY
DONATED LEAVE PROGRAM**

RECIPIENT AFFIDAVIT

I request participation in the Donated Leave Program under the terms specified in the College's program description, and with the understanding that the specific nature of my illness will be kept confidential.

I _____ authorize _____ do not authorize the Office of Human Resources to post notice of my eligibility.

I certify that I have not directly or indirectly solicited donations of paid leave time from other TCNJ employees independently.

I have not directly or indirectly intimidated, threatened or coerced, or attempted to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.

I have not and will not directly or indirectly offer or provide any money, credit, gift, gratuity, and any thing of value or compensation of any kind in exchange for the donation of paid leave time.

I have not interfered with any right which another employee may have with respect to contributing, receiving or using paid leave under this program.

I understand that I am not eligible to receive Temporary Disability Insurance (TDI) benefits for the same periods that I am paid wages from donated sick or vacation leave or while using any of my own leave time required during this program.

I also understand that the Temporary Disability Benefits Law requires that I use all of the donated leave before benefits can be paid.

If I currently have or at a later time file a claim for TDI benefits, I understand it is my responsibility to notify the Disability Insurance Service and The College of New Jersey that I am participating in the Donated Leave Program.

I have attached herewith medical verification which confirms a catastrophic health condition or injury indicating an anticipated absence through _____.

Name (Print)

Signature of Recipient

Date

INSTRUCTIONS: Forward this affidavit to the Office of Human Resources,
Administrative Services Building
