

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

**Donor Transfer Certification**

I hereby authorize The College of New Jersey to transfer leave credit as indicated below to be used as the recipient's personal sick leave.

**DONATION SECTION:**

DONATE TO: \_\_\_\_\_  
(Please print full name of recipient)

I wish to donate the following:

\_\_\_\_\_ SICK DAYS - I certify that my sick leave balance will not be less than  
(number) 20 accrued sick days after this transfer.

\_\_\_\_\_ VACATION DAYS - I certify that my vacation leave balance will not  
(number) be less than 12 accrued vacation days after this transfer.

\_\_\_\_\_ TOTAL DAYS DONATED\* - (Cannot exceed 30 days per recipient)  
(number)

\*Donation of less than 5 days will result in conditional approval until minimum of 5 days has been donated to the recipient.

**CERTIFICATION SECTION:**

I certify that I have not been coerced nor solicited or accepted anything of value for the donation of paid leave time.

\_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Dept.: \_\_\_\_\_ Office Phone: \_\_\_\_\_

RETURN TO: OFFICE OF HUMAN RESOURCES, ADM. SERVICES BLDG.

**FOR USE BY THE OFFICE OF HUMAN RESOURCES**

\_\_\_\_\_ Transfer Approved \_\_\_\_\_ Transfer Disapproved

This is to advise you your request to donate leave time cannot be accepted due to the following reason(s):

- \_\_\_\_\_ Recipient is no longer active.
- \_\_\_\_\_ Employee has already received the maximum number of donated days.
- \_\_\_\_\_ Your current sick balance does not show the required minimum number of 20 accrued days.
- \_\_\_\_\_ Your current vacation balance does not show the required minimum number of 12 accrued days.
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Appointing Authority Signature

\_\_\_\_\_ Date