

**ROWAN UNIVERSITY OF NEW JERSEY  
DONATED LEAVE PROGRAM**

**RECIPIENT AFFIDAVIT**

I consent to participation in the Donated Leave Program. If approved, I acknowledge that Human Resources will assign a case number to the public notice requesting donated leave on my behalf. I understand that through participation in this program, my name and related case number may be shared with my union representative and available upon request in the Human Resources department. The specific nature of my illness will be kept confidential.

I certify that I have not directly or indirectly solicited or accepted anything of value for the donation of paid leave time.

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

I have not and will not directly or indirectly provide any money, credit, gift, gratuity, thing of value or compensation of any kind.

I have not interfered with any right which another employee may have with respect of 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 that it is my responsibility to notify the Disability Insurance Service and Rowan University 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

\_\_\_\_\_  
Date

**INSTRUCTIONS: Forward this affidavit to Human Resources, Bunce Hall.**