

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

**DONOR TRANSFER CERTIFICATION**

I hereby permit Rowan University 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 Req #)

I wish to donate the following:

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

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

\_\_\_\_\_ TOTAL DAYS DONATED\* - (Cannot exceed 30 days/Classified Employees and/or  
(number) 10 days/Manager/AFT per recipient)

\*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 or paid leave time.

\_\_\_\_\_ Date \_\_\_\_\_ Name (Print) \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

Rowan ID #: \_\_\_\_\_

Dept: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**RETURN TO HUMAN RESOURCES, BUNCE HALL**  
**HUMAN RESOURCES USE ONLY**

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

\* The number of days you requested to donate has been deducted from your available leave time and given to the recipient.

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

\* This is to advise you that 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\_\_\_\_\_ Recipient is no longer active.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