

**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, OAK HALL NORTH
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_____ Recipient is no longer active.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