



GLASSBORO 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 accrued sick days after this transfer.

_____ VACATION DAYS – I certify that my vacation leave balance will not be less than 12 accrued vacation days after this transfer.

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

*Donation of less than 5 days will result in conditional approval until a 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: _____

You may email this to benefits@rowan.edu