



Donated Leave Program

DONOR TRANSFER CERTIFICATION

I hereby agree to permit Stockton University to transfer leave credit as indicated below to be used as the recipient's personal sick leave.

Donation Section:

Donated to: _____

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**

Classified employees can receive a maximum of 260 donated days, but no more than 30 days per donor.
Unclassified employees: the lifetime maximum donated leave for a 12-month employee is 260 combined sick or vacation days. The lifetime maximum donated leave for a 10-month employee is 216 sick or vacation days.
Donations may not be used on a retroactive basis.

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 _____ Z# _____

Department _____ Office Phone _____

Signature _____

PLEASE RETURN THIS FORM TO: Office of Human Resources, Room J-115

HUMAN RESOURCES OFFICE USE ONLY

() Transfer Approved () Transfer Disapproved

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

- () 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