

Human Resources



Donated Leave Program DONOR TRANSFER FORM

This form must be completed by the employee donating leave (“Donor”). Once completed, the form should be submitted to askhr@montclair.edu. Please review the full Donated Leave Procedure at <https://www.montclair.edu/human-resources/benefits/donated-leave/> before submitting.

Donor First and Last Name _____

Donor CWID _____ Donor NetID _____

Recipient First and Last Name _____

The recipient is the person to which you would like to donate time.

I, **Donor**, hereby directs Montclair State University to transfer leave credit as indicated below to be used as the recipient’s personal sick leave for a catastrophic health condition.

_____ # Number of **SICK DAYS** to be donated
I certify that this donation will not reduce my prorated sick leave balance below 20 accrued sick days as of this date

_____ # Number of **VACATION DAYS** to be donated
I certify that this donation will not reduce my prorated vacation leave balance below 12 accrued sick days as of this date

_____ Total Number of **DAYS** to be donated
Should not exceed 30 days in total to any one recipient

**Donations of less than 5 days will be held and will not be processed until the recipient has received at least 5 days of donated leave.*

I, **Donor**, certify that I have read the donated leave policy and have not solicited or accepted anything of value for the donation of paid leave time.

Signature

Date