

# Human Resources



## Donated Leave Program RECIPIENT AFFIDAVIT FORM

Applicant must sign and submit a Recipient Affidavit Form to participate in the Donated Leave Program. Applicant must receive at least five sick days or vacation days or a combination thereof from one or more leave donors to participate in the donated leave program. Applicant shall receive no more than 260 sick days for a lifetime.

Once completed, this form must be submitted to [askhr@montclair.edu](mailto:askhr@montclair.edu). Applicants should review the full Donated Leave Procedure prior to submission: <https://www.montclair.edu/human-resources/benefits/donated-leave/>

**Recipient First and Last Name** \_\_\_\_\_

**Recipient CWID** \_\_\_\_\_ **Recipient NetID** \_\_\_\_\_

By signing below, I acknowledge and agree to the following:

1. I have read the procedure regarding the Donated Leave Program and I consent to participation in this program.
2. I understand that participation in the Donated Leave Program will result in the posting to department employees regarding my eligibility. (The specific nature of illness will be kept confidential).
3. I certify that I have not offered anything of value to any employee in exchange for the donation of paid Leave time to me.
4. I have not directly or indirectly intimidated, threatened or coerced any employee for the purpose of obtaining a donation of paid leave.
5. I have not interfered with any rights which another employee may have with respect to contributing, receiving or using paid leave under this program.
6. I understand that I cannot receive temporary disability (TDI) benefits for the same periods that I am paid wages from donated sick and/or vacation leave or while using any of my own paid leave time.
7. I also understand that the Temporary Disability Benefits Law requires that I use all of the donated leave before benefits can be paid.
8. I have submitted medical certification which confirms a serious health condition or injury to the office of Employee Benefits.

I certify that I have read the Donated Leave Program policy and understand the statements listed above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**