

MONTCLAIR STATE UNIVERSITY

DONATED LEAVE PROGRAM

Donor Transfer Form

I hereby direct 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.

DONATION SECTION:

RECIPIENT: _____
(employee receiving donation)

_____ I wish to donate SICK DAYS. This will not reduce my prorated sick leave balance
amount below 20 accrued sick days as of this date.

_____ I wish to donate VACATION DAYS. This will not reduce my prorated vacation leave
amount balance below 12 accrued vacation days as of this date.

_____ # amount TOTAL DAYS DONATED (*May donate up to 30 days in total to any one recipient*)

**Donations of less than 5 days will not be processed until recipient has received a minimum of 5 days of donated leave.*

CERTIFICATION SECTION:

I 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.

DATE

PRINT NAME

SIGNATURE

RETURN TO: **OFFICE OF EMPLOYEE BENEFITS**
Email: hr-benefits@montclair.edu Fax: 973-655-351

HR USE ONLY

_____ Transfer Approved
_____ Sick balance (hrs)

_____ Transfer Denied
_____ Vacation Balance (hrs)

Request to donate leave time cannot be processed due to the following reason(s):

- ___ Recipient/donor is longer active
- ___ Recipient does not meet eligibility requirements
- ___ Recipient has already received the maximum number of donated days
- ___ Donor does not meet eligibility requirements

Authorized Signature

Date