KEAN UNIVERSITY

DONATED LEAVE PROGRAM/DONOR TRANSFER CERTIFICATION

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

DONATION SECTION:

DONATE TO:_____
(Please print full name of recipient)

I wish to donate the following:

_____ (number) SICK DAYS - I certify that my sick leave balance will not be less than 20 accrued sick days after this transfer.

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

_____ (number) TOTAL DAYS DONATED* - (Cannot exceed 30 days per recipient)

*Donation of less than 5 days will result in conditional approval until minimum of 5 days have 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 of paid leave time.

_____ Date _____ Name (Print) _____ Signature

Social Security Number: _____

Dept: _____ Office Phone: _____

RETURN TO: THE OFFICE OF HUMAN RESOURCES, ADMINISTRATION BUILDING, 2nd Floor

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FOR USE BY THE OFFICE OF HUMAN RESOURCES

_____ Transfer Approved _____ Transfer Disapproved

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

_____ Recipient is no longer active.
_____ 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