

**ROWAN UNIVERSITY OF NEW JERSEY  
DONATED LEAVE PROGRAM**

**DONOR TRANSFER CERTIFICATION**

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

**DONATION SECTION:**

DONATE TO: \_\_\_\_\_  
(Please print Req #)

I wish to donate the following:

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

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

\_\_\_\_\_ TOTAA5 Tc -0.09Tw 1.446 0 Td ( )Tj -0.005 Tc 0.005 Tw 0.217 0 Td (DAYS)Tj 0 Tc 0 Tw 2.70746 0 Td

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