

DONOR TRANSFER CERTIFICATION

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

Donation Section

Donated to: _____

I wish to donate the following:

_____ Sick Days I certify that my sick leave balance will not be less than 20 accrued sick days after this transfer.

_____ Vacation Days I certify that my vacation leave balance will not be less than 12 accrued vacation days after this transfer.

_____ TOTAL DAYS DONATED

_____ can receive a maximum of 260 donated days, but no more than 30 days per donor.

y _____

) _____

Certification Section: I certify that I have not been coerced nor solicited or accepted anything of