



## DONATED LEAVE PROGRAM RECIPIENT AFFIDAVIT

I consent to participation in the Donated Leave Program. I understand that participation in this program is limited to employees or their immediate family members having a catastrophic health condition or injury as defined in N.J.A.C.4A:6-1.22 (a) through (c) and will result in the Office of Human Resources posting a notice of my eligibility. The specific nature of my illness and/or the illness of my immediate family member will be kept confidential.

I certify the following:

- (1) I have not directly or indirectly intimidated, threatened or coerced or attempted to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.
- (2) I have not and will not directly or indirectly provide any money, credit, gift, gratuity, thing of value or compensation of any kind for the purpose of obtaining a donation of paid leave.
- (3) I have not interfered with any right which another employee may have with respect to contributing, receiving or using paid leave under this program.

I understand that I am not eligible to receive Temporary Disability Insurance (TDI) benefits for the same periods that I am paid wages from donated sick or vacation leave or while using any of my own leave time required during this program.

I also understand that the Temporary Disability Benefits Law requires that I use all of the donated leave before any TDI benefits can be paid.

If I currently have on file or at a later time file a claim for TDI benefits, I understand it is my responsibility to notify the Disability Insurance Service and Stockton University that I am participating in the Donated Leave Program.

I have attached herewith medical verification, which confirms a catastrophic health condition or injury and indicates an anticipated absence through \_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

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**INSTRUCTIONS:** Forward this affidavit along with medical documentation to the Office of Human Resources, J-112.

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