



# WILLIAM PATERSON UNIVERSITY

OFFICE OF PAYROLL AND BENEFITS • COLLEGE HALL  
P.O. BOX 913 • WAYNE, NEW JERSEY 07474-0913  
PAYROLL 973.720.2885 BENEFITS 973.720.2624/2124 FAX 973.720.2013

## Donated Leave Program Recipient Affidavit

1. I have read the procedures regarding the Donated Leave Program, and I consent to participation in this program. I understand that these procedures will require disseminating my name as an eligible recipient via e-mail, posting on employee bulletin boards or by other appropriate means.
2. I certify that I have not and will not offer anything of value to any employee in exchange for the donation of paid leave time to me.
3. I have not and will not directly or indirectly intimidate, threaten or coerce, or attempt to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.
4. I have not and will not interfere with any right which another employee may have with respect to contributing, receiving or using paid leave under this program.
5. I understand that I cannot receive temporary disability (TDI) benefits for the same periods that I am paid wages from donated sick and/or vacation leave or while using any of my own paid leave time.
6. I also understand that the Temporary Disability Benefits Law requires that I use all of the donated time before benefits can be paid.

Employee's Name: \_\_\_\_\_ Employee's Banner ID #: \_\_\_\_\_  
*(Please Print)*

Employee's Home Telephone Number: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return the completed, Signed and dated form to the Office of Payroll and Employee Benefits**

**Payroll and Benefits Department Use Only:**

Your request to participate in the Donated Leave Program has been approved

Your request to participate in the Donated Leave Program has been denied for the following reason:

\_\_\_\_\_

\_\_\_\_\_  
Payroll and Benefits Director's Signature

\_\_\_\_\_  
Date