

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

RECIPIENT AFFIDAVIT

I consent to participation in the Donated Leave Program. I understand that participation in this program could result in Human Resources posting a notice of my eligibility. The specific nature of my illness will be kept confidential.

I certify that I have not directly or indirectly solicited or accepted anything of value for the donation of paid leave time.

I have not directly or indirectly intimidated, threatened or coerced, or attempted to intimate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.

I have not and will not directly or indirectly provide any money, credit, gift, gratuity, thing of value or compensation of any kind.

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 benefits can be paid.

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

I have attached herewith medical verification which confirms a catastrophic health condition or injury indicating an anticipated absence through _____.

Name (Print)

Signature

Date

INSTRUCTIONS: Forward this affidavit to Human Resources, Linden Hall.