

Compassionate Leave Program Donation to Bank

Please complete the form as instructed and mail to the below address, or fax to 732-932-0046:

University Human Resources
57 U.S. Highway 1
New Brunswick, NJ 08901-8554

You will be notified by your immediate supervisor that the donation has been accepted. University Human Resources will make the necessary changes to your Absence Record Card.

Part 1 – To Be Completed by Employee (please type or print):

Name: _____
Last name *First Name* *Middle Initial*

Department Name: _____

Campus Address: _____

Name and Title of Immediate Supervisor: _____

Number of Whole Days Donating: Sick: _____ Vacation: _____

I understand that my donation is voluntary and non-refundable. I understand that a minimum of one full day of time is required and that my leave balance will be decreased by the amount donated. I understand that no more than 100 vacation and/or sick days may be donated. I understand that after donating, I shall have remaining at least 15 vacation days if donating vacation days, or 15 sick days if donating sick days. I further understand that my donation is confidential.

Employee's Signature: _____ Date: _____

Part 2 – To Be Completed by University Human Resources (UHR) and Forwarded to Employee's Supervisor:

The above named employee's leave balance should be reduced by the number indicated below. The donated day(s) will be tracked by University Human Resources.

Sick Days: _____ Vacation Days: _____

Authorized Signature: _____ Date: _____