

**NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
DONATED LEAVE PROGRAM**

DONOR TRANSFER FORM

I hereby direct the Department of Military and Veterans Affairs to transfer leave credit as indicated below to be used as the recipient's personal sick leave.

DONATED SECTION: (May donate up to 10 days to any one recipient)

RECIPIENT: _____

_____ I wish to donate **SICK DAYS**. This will not reduce my prorated sick leave balance below 20 accrued sick days as of this date.

SICK DAYS DONATED
(SPELL OUT)

SIGNATURE

_____ I wish to donate **VACATION DAYS**. This will not reduce my prorated vacation leave balance below 12 accrued vacation days as of this date.

VACATION DAYS DONATED
(SPELL OUT)

SIGNATURE

CERTIFICATION SECTION:

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

DATE

PRINT NAME

SIGNATURE

DIVISION: _____

RETURN TO: NJ-DMAVA, ATTN: Human Resources Division
ATTN: Mrs. Cindy L. Leese – HRD-PMRS
101 Eggert Crossing Road, Lawrenceville, NJ 08648
Phone: (609) 530-7056