



**WILLIAM PATERSON UNIVERSITY**

Division of Human Resources  
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**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:** \_\_\_\_\_

***Please upload the completed, Signed and dated form to WPCconnect***

**Human Resource 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:

\_\_\_\_\_

\_\_\_\_\_ Human Resources Representative

\_\_\_\_\_ Date