



Human Resources Department
STAFF LEAVE DONATION REQUEST FORM

Name: _____ <i>(Please Print)</i>	UMDNJ ID # No.: _____
Department: _____	Office No.: _____
Title: _____	Date of Hire: _____
Date of Request: _____	

Please indicate briefly why you are requesting to be in the Staff Leave Donation Program

For a donation of sick time to be approved, the conditions for Recipient and Donor must be met as specified in the Staff Leave Donation Policy.

Please refer to the attached Staff Leave Donation Administrative Guide, and the attached Policy. This information is also available online @ http://www.umdj.edu/hrweb/policies/staff_leave_donation.pdf.

Please feel free to contact me at 973-972-4845 or Julie Grisenthwaite Brogley at 973-972-3252 should you have any questions or need assistance.

Employee Signature

Date

Benefits Representative (print)

Office Telephone No.
