



Staff Leave Donation Program

Donation Sheet

To: Darnell K. Reamer
Manager EEO Leaves & Labor Relations

I, _____ wish to donate time to _____
(Donor Name – Please Print) *(Recipient's Name – Please Print)*

Please see my employee ID A# number and the amount of vacation or sick time I am donating below.

ID A# _____

Specify Sick or Vacation Time to be Donated: _____

Number of Days to be Donated: _____

Today's Date: _____

Signature Required: _____

Please advise of your phone and e-mail address.

Telephone number – Please print

E-mail address – Please print

Please email this form to myloa@uhnj.org.