

Cortland County  
Personnel/Civil Service

60 Central Avenue  
Cortland NY 13045-2746  
607-753-5137

Annette D. Barber Laurie I. Gosse

Personnel officer Deputy Personnel Officer

**SUBMIT TO THE PERSONNEL OFFICE**

**DONATIONS TO THE EMERGENCY POOL**

I make the following donation(s) to the emergency pool:

For \_\_\_\_\_

Name of employee to receive donation

My Name \_\_\_\_\_ Title \_\_\_\_\_

Donor

Department \_\_\_\_\_ I work \_\_\_\_\_ hours per week

Employees who earn benefit time may donate time to the emergency pool in full hourly increments.

Vacation \_\_\_\_\_ hours

Compensatory \_\_\_\_\_ hours

Holiday/Floating Holiday \_\_\_\_\_ hours

Personal \_\_\_\_\_ hours

Sick \_\_\_\_\_ hours

Donors must retain a minimum of 10 days of accruals in sick leave balance.

Donor identity shall be kept confidential.

Time donated may not be revoked by the donor.

All donations are subject to the Leave Donation-Emergency Pool Rules. A complete copy of the Rules are available on the Cortland County web site under the "Employee Only" section and in the Personnel/Civil Service Office.

I understand that I will receive a letter from the Personnel/Civil Service Office upon usage of my donated time. I further understand that I must notify the appropriate person(s) in my department to adjust my leave accruals accordingly.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_