

Cortland County Personnel/Civil Service

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LAURIE L. LEONARD
PERSONNEL OFFICER

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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 is 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 _____