Tompkins County Department of Human Resources
125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov
Inclusion through Diversity

TOMPKINS COUNTY EMERGENCY LEAVE-SHARING PROGRAM REQUEST FORM

(Submit form to the Department of Human Resources)

This form may be used to request paid leave from or donate paid leave to the Emergency Leave-Sharing Program. See *Tompkins County Administrative Policy 03-04* for full eligibility, request, and donation requirements.

PLEASE PRINT OR TYPE

☐ Request Emergency Paid Leave ☐ Donate Paid Leave

Employee Name_____ Phone Number _____

Department/Bargaining Unit_____ Employee # _____

I wish to ***request*** emergency paid leave-share hours as indicated below: *(Please attach supporting medical documentation)*

# of Hours Requested: _____

Purpose of Leave: _____

_____

_____ _____
Signature Date

OR

I wish to ***donate*** paid leave as indicated below:

# of Hours Donated: _____

Deduct from Leave Type: _____

_____ _____
Signature Date

By signing this form, I confirm that I am eligible to receive or donate leave under Tompkins County policy and/or applicable collective bargaining agreements. Information provided herein will be confidentially maintained to the extent consistent with applicable bargaining agreements, and other laws and regulations regarding employees and the workplace setting.

For Human Resources Use Only

Hours Donated _____ x Hourly Rate _____ = _____

Approved By: _____ Date _____