



Department of Human Resources

Monroe County, New York

Adam J. Bello
County Executive

Andrea Guzzetta
Director

EMERGENCY SICK LEAVE BANK

DONATION FORM

Last Name: _____

First Name: _____

Employee ID Number: _____

Department: _____

Name of Member for the Emergency Sick Bank: **anonymous** _____

I agree to donate _____ Vacation Day(s) from my Vacation Bank in order to establish an Emergency Sick Leave Bank for a co-worker.

Furthermore, I understand and agree to the following:

1. The donation of time is limited to Vacation only in full day increments.
2. Upon the submission of this form by the Federation of Social Workers, the number of days donated by me to establish an Emergency Sick Leave Bank will be deducted from my Vacation Bank as soon as the next pay period but no later than six months from the date of this form.
3. The number of vacation days donated by me will be placed in an Emergency Sick Leave Bank managed by the Federation of Social Workers and remain there until the Federation of Social Workers informs the County to apply such donated time to the above named member and not returned to me.
4. The County is responsible for the maintenance of the Emergency Sick Leave Bank only to the extent that it shall maintain an accounting of the days donated and days used.
5. The County has no right to give time from the Emergency Sick Leave Bank to any employee until an agreement is executed between the County and the Federation of Social Workers.
6. The donation of Vacation Time from my bank is not subject to the grievance procedure.
7. I agree hold the County harmless in the event of any legal action seeking relief from the County with respect to the Emergency Sick Bank.

Signature

Date