



**CHAUTAUQUA COUNTY ETHICS BOARD
REQUEST FOR AN EXTENSION OF TIME TO COMPLETE
TRAINING AND/OR FILE A DISCLOSURE STATEMENT**

Extensions of time are generally intended for circumstances in which an individual has an extended inability to perform services for the County, spanning all or the majority of the duration of the filing/training period. As stated in the law, "the prioritization of other County matters over the filing of the disclosure statement is not grounds for an extension of time to file."

I, _____, in my capacity as an employee or board/committee/commission member of _____, hereby request an extension of time to

- file my disclosure statement;
- file my corrected/completed/amended disclosure statement; and/or
- complete my training requirement,

for the following reason:

- I will be, am, or was on approved leave from County employment through _____, 20 __, and request an extension of time through the thirtieth (30th) business day after I return to County work/service.
- I have ceased County work/service for an indeterminate period of time, and am requesting an extension of time through the thirtieth (30th) business day after I return to County work/service.
- I am requesting an extension of time through _____ for the following reason(s) (attach additional pages as needed): _____

I understand that the Board's approval of this request applies only to the current filing and reporting period.

Please use the following address to mail or e-mail me the Ethics Board's approval or denial of this request: _____

Signature: _____ **Date:** _____

Department Head* Approval: _____ **Date:** _____

Pursuant to Local Law 3-21 or its successor, the Department Head shall ensure suspension of the requesting individual's ability to directly or indirectly expend County funds

until such time as the disclosure statement has been filed. This includes without limitation suspension of use of County-issued credit cards and suspension of the ability to approve vouchers, purchase orders, contracts and payroll.

*Department Head's requests should be signed by their supervisor.

Please mail or hand deliver this form with an original department head signature to:
Chautauqua County Ethics Board * c/o Office of the County Executive
Gerace Office Building, Room 341 * 3 N. Erie Street, Mayville, NY 14757

For Ethics Board Use Only:

_____ Approved OR _____ Not Approved By: _____ Date: _____

Determination communicated to requestor on: _____