



**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 or completion of ethics training 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) calendar 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 (30<sup>th</sup>) calendar 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 15-24 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, invoices, purchase orders, and contracts.

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

<p><b><i>For Ethics Board Use Only: ERF#</i></b> _____</p> <p>_____ Approved OR _____ Not Approved By: _____ Date: _____</p> <p>Determination communicated to requestor on: _____</p>
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