

**M E M O R A N D U M**

TO: All Employees in CSEA, PBANYS, NYSCOPBA, PEF & M/C (06)

FROM: Marybeth Incandela, Director of Human Resources

DATE: March 25, 2016

SUBJECT: Waiver of Holiday Compensation

---

The collective bargaining Agreements between the State and CSEA, PBANYS, NYSCOPBA, and PEF allow for the waiver of holiday compensation. The same privileges are available to Management Confidential (06) employees in Salary Grades M/C 22 and below.

Any employee interested in utilizing the waiver must notify Human Resources between April 1, 2016 and May 15, 2016. Employees must send notification, in writing, by using the attached form if they elect to waive holiday pay in favor of compensatory time off for holidays worked. Such waiver will be in effect until at least April 1, 2017. Employees may also elect to revoke any waiver of holiday pay now in effect by filing the attached form by May 15, 2016.

Attachment

## WAIVER OF ADDITIONAL MONEY FOR HOLIDAY WORK

I am eligible for additional money if I am required to work during my regular working hours on any day observed by the State as a holiday. Between April 1<sup>st</sup> and May 15<sup>th</sup>, I may give up my right to such additional money and choose to receive time accruals instead. If I previously gave up my right to receive money for holiday work, I have until May 15<sup>th</sup> to cancel this decision and start receiving money again.

**I wish to change the way in which I am currently being paid for holiday work.**

I am now receiving money;  
I wish to receive time accruals.

I am now receiving time accruals;  
I wish to receive money.

I understand that this is the way I will receive holiday pay from now on. I will not be able to change this until at least April 1<sup>st</sup> of next year, and it will continue this way unless I do change it during the next open period (April 1<sup>st</sup> to May 15<sup>th</sup> of the following year).

**NAME: (Please print)** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**WORK LOCATION:** \_\_\_\_\_

**SOCIAL SECURITY NO. (last four digits):**  X   X   X  -  X   X  - \_\_\_\_\_

**NEGOTIATING UNIT (CSEA - ASU, ISU, OSU, DMNA; NYSCOPBA - Sec. Servs.; C-82 - Sec. Sups., ALES; PEF - PS&T; DC37- RRSU; or M/C):**

*Give this form to your supervisor or Human Resources by close of business May 15th*