

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 and May 15, 2016, I may waive my right to such additional money and choose to receive compensatory time off instead. If I previously waived my right to receive money for holiday work, I have until May 15, 2016 to cancel that decision and start receiving money again.

I wish to change the way I am currently being paid for holiday work:

- I am now receiving money; I wish to receive compensatory time off.
- I am now receiving compensatory time off; I wish to receive money.

I understand that this is the way I will receive holiday compensation from now on. I will not be able to change this decision until at least April 1, 2017, and it will continue this way unless I do change it during an open period in 2017 or later.

Name *(Please print)*: _____

Signature: _____

Work Location: _____

NYS EMPLID: N _____

Negotiating Unit *(Check one)*:

- | | |
|--|--|
| <input type="checkbox"/> PBANYS – APSU | <input type="checkbox"/> Council 82 – Security Supervisors |
| <input type="checkbox"/> CSEA – ASU | <input type="checkbox"/> CSEA – ISU |
| <input type="checkbox"/> CSEA – OSU | <input type="checkbox"/> CSEA – DMNA |
| <input type="checkbox"/> DC-37 – RRSU | <input type="checkbox"/> NYSCOPBA – Security Services |
| <input type="checkbox"/> PEF – PS&T | <input type="checkbox"/> M/C |

Give this form to your supervisor or payroll officer by close of business May 15, 2016.