



Military and Naval Affairs

ANDREW M. CUOMO
Governor
Commander-in-Chief

PATRICK A. MURPHY
Major General
The Adjutant General

S: 15 May 2016

MNHS

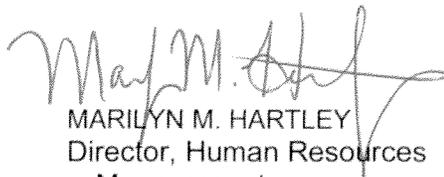
1 April 2016

MEMORANDUM FOR All State Employees

SUBJECT: Holiday Pay Compensation Waiver

1. The Collective Bargaining Agreement between the Division of Military and Naval Affairs (DMNA) and The Civil Service Employee's Association, Inc. (CSEA) allows employees an option as to how they are compensated for time worked on a holiday. An employee may elect to waive holiday pay in favor of compensatory time off. These same privileges are available to Management/Confidential (MC) employees in grades MC-22 and below.
2. Employees should notify State Human Resources (MNHS) in writing, using the attached waiver, if they elect to decline holiday pay and choose to receive time accruals for holidays worked, or to change a waiver that was previously submitted.
3. Employees currently enrolled who do not wish to make changes are not required to re-submit a waiver.
4. This waiver must be returned to MNHS by close of business 15 May 2016. Waivers received after that date will not be accepted.
5. This waiver will remain in effect until at least 1 April 2017.
6. Questions regarding this memorandum should be directed to Ms. Aimee Hommel at (518) 786-4437 or Aimee.M.Hommel.nfg@mail.mil or Ms. Kayleigh Hughes at (518) 786-4829 or Kayleigh.M.Hughes.nfg@mail.mil.

FOR THE ADJUTANT GENERAL:


MARILYN M. HARTLEY
Director, Human Resources
Management

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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.