

Classified 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 2 and May 15, 2024, 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, 2024 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, 2025, and it will continue this way unless I do change it during an open period in 2025 or later.

Name _____
(please print)

Signature _____ Date _____

Department _____

NYS EmplID N Phone _____

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 - RRSU | <input type="checkbox"/> NYSCOPBA – Security Services |
| <input type="checkbox"/> PEF – PS&T | <input type="checkbox"/> M/C (grades 22 and below) |

SUBMIT YOUR WAIVER by close of business May 15, 2024:

[Click to Upload to Benefit Services](#)

or

Scan QR Code to Upload



Fax: (716) 645-3830