

All Classified Employees

TO:

| FROM:  | Payroll   |
|--|---|
| DATE:  | March 29th, 2024  |
| SUBJECT:   | HOLIDAY COMPENSATION WAIVER NOTICE  |
| Employees represented by CSEA, PEF, APSU, and NYSCOPBA are eligible to receive additional compensation (holiday pay) if required to work their regular shift on any day observed as a holiday by the State, or to waive such additional pay and receive equivalent compensatory time off instead. Employees who previously elected to receive compensatory time may now revoke such waiver at this time. |   |
|  | revoke a previous waiver, please complete the form below and return to HR Suite A010 or email to oly.edu no later than <b>May 15<sup>th</sup>, 2024</b> . |
| ** If you do not wish to make a change to your current election, it is not necessary to return this form. **   |   |
|  | Holiday Compensatory Time Waiver  |
| I wish to change the way in which I am currently being compensated 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 for the remainder of 2024. I understand that I will NOT be able to change this decision again outside of the next election period, which runs from April 1 <sup>st</sup> to May 15 <sup>th</sup> 2025.   |   |
| NAME: (Please  | e print)  |
| SIGNATURE:   |   |
| WORK LOCA  | ΓΙΟΝ:   |
| NYSID:   |   |
| SUPERVISOR<br>SIGNATURE:   | 'S  |