

**State of New York**  
**Holiday Pay Waiver**  
(For Classified Service Employees in  
Negotiating Units 01, 02, 03, 04, 05, 06, 31, and 61)

ALES    Council 82    CSEA    M/C    NYSCOPBA    PEF  
(click the box in front of your negotiating organization)

**Payroll Agency**

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 14,**                      , 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 14,**                      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 as follows:**

I am now receiving money and **I wish to change to receive time accruals**

I am now receiving time accruals and **I wish to change 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,**                      and it will continue this way unless I do change it during the next open period.

**Name:**

(Please Type)

**Work Location:**

**Social Security Number:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Send to the campus payroll office by close of business May 14,