

Waiver of Additional Money for Holiday Work	TZS:
	Date:

Instructions:

- Email completed form to Division at hforms@troopers.ny.gov or click on the Email button below.

Employee Information (Non-Sworn Members only)

Name (Last, First, MI)	NYS Employee ID # (if applicable)	Station
	N	

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

New Employee	Existing Employee
I wish to receive compensatory time off. I wish to receive money.	I wish to change the way I am currently being paid for holiday work to the following: I am now receiving money. I wish to receive compensatory time off. I am now receiving compensatory time off. I wish to receive money.

Authorization

* I hereby agree this is the way I will receive holiday compensation moving forward unless I change it during the open period between April 1 and May 15 next year.

Signature	Date (mm/dd/yyyy)