

Grant Application

Section 1 Applicant	Name (print name)							
and Amount	Amount Applied For \$							
Section 2	To qualify for a grant from the MTA Disaster Relief Fund, your request must meet the following conditions:							
	The need for the grant must be caused by either a federally declared disaster or an act of terrorism or war.							
	Fund provided by a grant must be used for repair or rehabilitation of a personal residence and/or its contents or for personal, family, living, or funeral expenses made necessary by the disaster. (Grants will not cover lost wages.)							
Section 3	Please explain the reason you are requesting a grant. Please be as detailed and specific as possible and include in your explanation the reasons the expenses are not being covered by insurance and/or the Federal Emergency Management Agency (FEMA). Please note that you may be asked to provide documentation about your losses and to certify that you have not received, and are not expecting to receive, funds for these purposes from either an insurance company or FEMA							
Section 4	Date							
	Name (printed)							
	Signature							
Section 5	Please send this form to the							
	MTA Disaster Relief Fund Relief Committee 347 Madison Avenue 7th Floor							
	New York, NY 10017							

Metropolitan Transportation Authority Disaster Relief Fund A NOT-FOR-PROFIT CORPORATION 347 Madison Avenue, 7th Floor, New York, NY 10017

Memorandum

New York City Transit

Date January 14, 2013

To All Employees

From Dawn M. Pinnock, Vice President, Human Resources

Re Re-Opening of Application Period for Hurricane Sandy Emergency Vacation Buy-Back Program

I am pleased to announce the re-opening of the application period for the Hurricane Sandy Emergency Vacation Buy-Back Program. As previously mentioned in President Prendergast's memorandum dated November 21, 2012, this special program provides employees experiencing severe financial hardship, as a result of Hurricane Sandy, the opportunity to cash-out up to ten (10) days of their vacation time. Please be advised that employees who previously participated in the program are not eligible to reapply.

The Hurricane Sandy Emergency Vacation Buy-Back Program is available <u>only</u> to those employees who have experienced significant financial hardship due to the storm. The attached form, *Request for Vacation Buy-Back* (HR-BEN-391), is to be used to request participation in this emergency program. A description of the nature and severity of the emergency must be provided. Completed forms must be returned to the MTA Business Service Center (BSC) at the address indicated on the form.

Employees who elect to participate in this program will be paid in a non-pensionable lump sum. In order to comply with IRS regulations, the IRS supplemental rate will be applied to calculate your withholdings for the vacation cash-out check. In most instances, the supplemental rate will be higher than the federal, state, and city withholdings rates used to compute your regular payroll check.

Emergency vacation payments will be issued in a separate paycheck. If you have direct deposit, this payment will be credited to your account.

The cash-out will be charged against an employee's current or frozen vacation bank. Individuals whose timesheets are not up to date and approved will not be allowed to participate in this special vacation buy-back program until their timesheets are approved. Please ensure that all outstanding timesheets are approved prior to submitting the attached form.

If you have any questions about the Hurricane Sandy Emergency Vacation Buy-Back Program, please contact me at 347-643-8320. If you have questions about your leave balances, please contact your timekeeper.

Attachment

Request for Vacation Buy-Back Under the Hurricane Sandy Emergency Leave Transfer Program HR-BEN-391



Section 1 - Information and Instructions The purpose of this form is to request cash-out of vacation leave due to financial hardship caused by Hurricane Sandy. Submit this form as soon as possible to the MTA Business Service Center. Email (preferred): bscservice@mtabsc.org; FAX: 212-852-8700; Mail: MTA Business Service Center, 333 W. 34th Street, 9th Fl., New York, NY 10001-2402 If you have questions about your leave balances, please contact your agency timekeeper. For other questions, please contact the BSC at 646-376-0123. Section 2 - Employee Information BSC ID Print Name First M.I. Suffix Last ☐ HQ/BSC/ Agency/Dept ☐ NYCT ☐ MaBSTOA ☐ Police ☐ SIR (that pays Agency ID/Pass # IG/CC you) □ в&т LIRR MNR ☐ MTA Bus Title/Department Street Address State City Zip Code Temporary Address (if applicable) State Zip code City Phone (Cell) Phone (W) Phone (H) Email (W) Email (H) Section 3 - Vacation Buy-back Election You are allowed to cash out up to 10 vacation days (full days only). Please indicate below the number of days you wish to cash out. ☐7 days ☐8 days ☐9 days ☐10 days ☐4 days ☐5 days ☐6 days ☐1 day ☐2 days ☐3 days If you have already made your vacation pick for 2013, please indicate the dates you wish to buy back. __To (Month/Day) From (Month/Day) Section 4 - Description of the Emergency Please explain the reason for your request to cash out vacation days. To expedite processing, please be as detailed and specific as possible. Please be advised that you may be required by your agency to provide documentation and/or information to support your request for Vacation Buy-Back.

Request for Vacation Buy-Back Under the Hurricane Sandy Emergency Leave Transfer Program HR-BEN-391



Section 5 - Authorization						
I do hereby certify that to the best of my knowledge the above information is true and correct. I acknowledge that this payment will not be reported as pensionable to any New York State, New York City, MaBSTOA, or MTA-sponsored defined benefit retirement plan. Note: Submission of this form is not a guarantee that your request will be approved. All approvals will be granted by your agency's Human Resources Department or their designee.						
Signature	Date					
Section 6 – Agency Authorization – TO BE COMPLETED BY AGENCY	AFTER SUBMISSION TO BSC					
Payroll/Timekeeping						
Verification of leave balances:						
Vacation Comp Floating Holiday Person	al Sick					
Comments						
Signature/Title	Date					
Human Resources						
☐ Approve ☐ Disapprove ☐ Approve with Modifications						
Comments						
*	•					
	, ė					
Signature/Title	Date					

Request for Emergency Leave Under the Hurricane Sandy Emergency Leave Transfer Program HR-BEN-392



Section 1 - Information and Instructions

The purpose of this form is to apply to receive donated leave through the MTA Hurricane Sandy Emergency Leave Transfer Program. To be approved to receive donated leave, an employee must complete and sign this application. If the employee is not capable of completing the application, a personal representative may submit the application on behalf of the employee.

Eligibility: An employee must meet requirements A and/or B below:

- A. An emergency leave recipient may use donated leave if the disaster or emergency has caused him or her severe hardship to such a degree that his or her absence from work was/is required.
- B. An emergency leave recipient may use donated leave for hardship incurred while assisting an affected family member, provided that the family member has no reasonable access to other forms of assistance.

Submit this form as soon as possible to the MTA Business Service Center. Email (preferred): bscservice@mtabsc.org; FAX: 212-852-8700; Mail: MTA Business Service Center, 333 W. 34th Street, 9th FI., New York, NY 10001-2402

If you have questions about your leave balances, please contact your agency timekeeper.

For other questions, please contact the BSC at 646-376-0123.

Section 2 - Er	nployee Informatio	n		SERVICE			
Print Name	Last		First	M.I. Suffix			BSC ID
Agency/Dept (that pays you)	☐ HQ/BSC/ IG/CC ☐ B&T	☐ Polic		□ NYCT	☐ MaBS	TOA	Agency ID/Pass #
Title/Departme	ent						,
Street Address	3				1)	0.0000000000000000000000000000000000000	
City		7. 388		1	State		Zip Code
Temporary Ad	dress (if applicable)						
City				State	(4	Zip c	ode
Phone (W)		F	Phone (H)	Phone (Cell)			
Email (W)		E	Email (H)				
Section 3 – I	Description of the E	mergenc	ey .				
Number of Emergency Leave days you are requesting							
Please explain the reason you are requesting Emergency Leave. To expedite processing, please be as detailed and specific as possible. Please be advised that you may be required by your agency to provide documentation and/or information to support your request for Emergency Leave.							

Request for Emergency Leave Under the Hurricane Sandy Emergency Leave Transfer Program HR-BEN-392



Section 4 – Employee Authorization						
I do hereby certify that to the best of my knowledge the above information is true and correct. I have not directly or indirectly solicited my supervisors, managers, or subordinates for the donation of leave time. I have not solicited the donation of leave time from an employee that I directly or indirectly supervise.						
Note: Submission of this form is not a guarantee that your request will be approved. All approvals will be granted by your agency's Human Resources Department or their designee.						
Signature of applicant Date OR						
Signature of individual applying on behalf of applicant	Relationship	Date				
Section 5 – Agency Authorization – TO BE COMPLETED BY AGENCY	AFTER SUBMISSION TO BE	SC				
Payroll/Timekeeping	*					
Verification of leave balances:						
Vacation Comp Floating Holiday Personal Sick						
Comments						
		*				
Signature/Title	Date					

Human Resources						
☐ Approve ☐ Disapprove ☐ Approve with Modifications		8				
Comments						
	527					
Signature/Title	Date	8				

Request to Donate Leave Under the **Hurricane Sandy Emergency Leave Transfer Program**



Creation Date: 11/16/2012

HR-BEN-393

Section 1 - Information and Instructions

The purpose of this form is to apply to donate a portion of your leave time through the MTA Hurricane Sandy Emergency Leave Transfer Program. Emergency leave donors may donate to an agency-wide pool within your agency.

Submit this form as soon as possible to the MTA Business Service Center. Email (preferred): bscservice@mtabsc.org; FAX: 212-852-8700; Mail: MTA Business Service Center, 333 W. 34th Street, 9th FI., New York, NY 10001-2402

If you have questions about your leave balances, please contact your agency timekeeper.

For other questions, please contact the BSC at 646-376-0123.						
Section 2 - Employee Information						
Print Name	Last		First		M.I. Suffix	BSC ID
Agency/Dept (that pays	☐ HQ/BSC/ IG/CC	☐ Police	SIR	NYCT	☐ MaBSTOA	Agency ID/Pass #:
you)	☐ B&T	□LIRR	MNR	☐ MTA Bus		Department/Work Location
Title					1	
City	18	2			State	Zip Code
Phone (W)		Phone (H)		Phone (Cell)		Email
Please indicate the number of full days you wish to donate from each category. Vacation Comp Floating Holiday Personal Sick						
Section 4 – Employee Authorization						
I request that my leave be transferred to the Hurricane Sandy Emergency Leave Transfer Program. As of the date indicated below, I have the above indicated amount of leave in my account to cover this donation. I understand that my decision to transfer leave is not revocable. I have not been directly or indirectly solicited by my supervisors, managers, or subordinates for the donation of leave time. I have not been directly or indirectly intimidated, threatened, coerced, or promised any benefit in exchange for my donation. Note: Submission of this form is not a guarantee that your request will be approved. All approvals will be granted by your agency's Human Resources Department or their designee.						
Signature Date						

Request to Donate Leave Under the Hurricane Sandy Emergency Leave Transfer Program



HR-BEN-393

Section 5 – Agency Authorization – TO BE COMPLETED BY AGENCY AFTER SUBMISSION TO BSC						
Payroll/Timekeeping						
Verification of leave balances:						
Vacation Comp Floating Holiday Person	al Sick					
Comments						
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*						
Signature/Title	Date					
Human Resources						
☐ Approve ☐ Disapprove ☐ Approve with Modifications	•					
Explanation						
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, a						
Signature/Title	Date					
5.5	ACCEPTAGE OF THE PROPERTY OF T					

Business Service Center Revised Date: 12/11/12 Creation Date: 11/16/2012

Request to Donate Leave Under the Hurricane Sandy Emergency Leave Transfer Program-MTAHQ



Creation Date: 11/20/2012

HR-BEN-393A

Section 1 - Information and Instructions

The purpose of this form is to apply to donate a portion of your leave time through the MTA Hurricane Sandy Emergency Leave Transfer Program. Emergency leave donors may donate to an agency-wide pool within your agency.

Submit this form as soon as possible to Patricia McDonnell, Manager Polices, Procedures and Special Projects, 347 Madison Avenue, 6th Floor, or email to pmcdonne@mtahq.org.

If you have questions about your leave balances, please contact the Business Service Center at 646-376-0123.

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Section 2 - En	Section 2 - Employee Information					
Print Name	Last		First		M.I. Suffix	BSC ID
Agency/Dept (that pays	☐ HQ/BSC/ IG/CC	☐ Police	□ SIR	NYCT	☐ MaBSTOA	Agency ID/Pass #:
you)	□ B&T	LIRR	. MNR	☐ MTA Bu	s	Department/Work Location
Title						
City	. 8				State	Zip Code
Phone (W)	W. san	Phone (H)		Phone (Ce	1)	Email
Please indicate the number of full days you wish to donate from each category: Vacation Comp Floating Holiday Personal Sick						
I request that my leave be transferred to the Hurricane Sandy Emergency Leave Transfer Program. As of the date indicated below, I have the above indicated amount of leave in my account to cover this donation. I understand that my decision to transfer leave is not revocable. I have not been directly or indirectly solicited by my supervisors, managers, or subordinates for the donation of leave time. I have not been directly or indirectly intimidated, threatened, coerced, or promised any benefit in exchange for my donation. Note: Submission of this form is not a guarantee that your request will be approved. All approvals will be granted by your agency's Human Resources Department or their designee.						
Signature		ė.		ו	Date	

Request to Donate Leave Under the Hurricane Sandy Emergency Leave Transfer Program-MTAHQ



HR-BEN-393A

Section 5 – Agency Authorization –	TO BE COMPLETED BY AGENCY	AFTER SUBMISSION TO BSC
Payroll/Timekeeping		
Verification of leave balances:		
Vacation Comp	Floating Holiday Persona	al Sick
Comments	~	
	8	
Signature/Title		Date
Human Resources		
☐ Approve ☐ Disapprove	☐ Approve with Modifications	
Explanation		
		> •
Signature/Title		I Data
Signature/Title		Date

Request for Emergency Leave Under the Hurricane Sandy Emergency Leave Transfer Program-MTAHQ HR-BEN-392A



Section 1 - Information and Instructions

The purpose of this form is to apply to receive donated leave through the MTA Hurricane Sandy Emergency Leave Transfer Program. To be approved to receive donated leave, an employee must complete and sign this application. If the employee is not capable of completing the application, a personal representative may submit the application on behalf of the employee.

Eligibility: An employee must meet requirements A and/or B below:

- A. An emergency leave recipient may use donated leave if the disaster or emergency has caused him or her severe hardship to such a degree that his or her absence from work was/is required.
- B. An emergency leave recipient may use donated leave for hardship incurred while assisting an affected family member, provided that the family member has no reasonable access to other forms of assistance.

Submit this form as soon as possible to Patricia McDonnell, Manager Polices, Procedures and Special Projects, 347 Madison Avenue, 6th Floor, or email to pmcdonne@mtahq.org.

If you have questions about your leave balances, please contact the Business Service Center at 646-376-0123.

Section 2 - Employee Information							
Print Name	Last First				M.I. Suffix		BSC ID
Agency/Dept (that pays you)	☐ HQ/BSC/ IG/CC	Police	SIR	□ NYCT □ MaBSTOA			Agency ID/Pass #
	☐ B&T	LIRR	MNR	☐ MTA Bus			rigono, izri doo ii
Title/Departme	ent						
Street Address	3						
City			17		State		Zip Code
Temporary Ad	dress (if applicable)	_				10	
City	a.			State	Zip co		ode
Phone (W)		Phone	e (H)	Phone (Cell)			· ·
Email (W)		Email	(H)	S 8000 0			
Section 3 – Description of the Emergency							
	ergency Leave days		esting				
Please explain the reason you are requesting Emergency Leave. To expedite processing, please be as detailed and specific as possible. Please be advised that you may be required by your agency to provide documentation and/or information to support your request for Emergency Leave.							
							,

Request for Emergency Leave Under the Hurricane Sandy Emergency Leave Transfer Program-MTAHQ HR-BEN-392A



Section 4 – Employee Authorization						
I do hereby certify that to the best of my knowledge the above information is true and correct.						
I have not directly or indirectly solicited my supervisors, managers, or sub		eave time.				
I have not solicited the donation of leave time from an employee that I dire	ectly or indirectly supervise.					
Note: Submission of this form is not a guarantee that your request w agency's Human Resources Department or their designee.	ill be approved. All approva	ls will be granted by your				
Signature of applicant	Date					
OR	Date					
	Deletienship	T _B .				
Signature of individual applying on behalf of applicant	Relationship	Date				
		8				
Section 5 – Agency Authorization – TO BE COMPLETED BY AGENCY	AFTER SUBMISSION TO BE	SC C				
Payroll/Timekeeping						
Verification of leave balances:						
Vacation Comp Floating Holiday Persona	al Sick					
Comments	F a					
er Life						
Signature/Title	Date					
Human Resources						
Truman Resources						
☐ Approve ☐ Disapprove ☐ Approve with Modifications						
Comments						
	(A)					
2						
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Signature/Title	Date					

Request for Vacation Buy-Back Under the Hurricane Sandy Emergency Leave Transfer Program-MTAHQ HR-BEN-391A



Section 1 - Information and Instructions The purpose of this form is to request cash-out of vacation leave due to financial hardship caused by Hurricane Sandy. Submit this form as soon as possible to Patricia McDonnell, Manager Polices, Procedures and Special Projects, 347 Madison Avenue, 6th Floor, or email to pmcdonne@mtahq.org. If you have guestions about your leave balances, please contact the Business Service Center at 646-376-0123. Section 2 - Employee Information Print Name BSC ID Last First M.I. Suffix Agency/Dept ☐ HQ/BSC/ ☐ Police ☐ SIR □ NYCT ☐ MaBSTOA (that pays IG/CC Agency ID/Pass # you) □ B&T LIRR MNR ☐ MTA Bus Title/Department Street Address City State Zip Code Temporary Address (if applicable) City State Zip code Phone (W) Phone (H) Phone (Cell) Email (W) Email (H) Section 3 - Vacation Buy-back Election You are allowed to cash out up to 10 vacation days (full days only). Please indicate below the number of days you wish to cash out. □1 day □2 days □3 days □4 days □5 days 6 days ☐7 days ☐8 days ☐9 days ☐10 days Section 4 - Description of the Emergency Please explain the reason for your request to cash out vacation days. To expedite processing, please be as detailed and specific as possible. Please be advised that you may be required by your agency to provide documentation and/or information to support your request for Vacation Buy-Back.

Request for Vacation Buy-Back Under the Hurricane Sandy Emergency Leave Transfer Program-MTAHQ HR-BEN-391A



Section 5 - Authorization					
I do hereby certify that to the best of my knowledge the above information is true and correct. I acknowledge that this payment will not be reported as pensionable to any New York State, New York City, MaBSTOA, or MTA-sponsored defined benefit retirement plan. Note: Submission of this form is not a guarantee that your request will be approved. All approvals will be granted by your					
agency's Human Resources Department or their designee).				
Signature	Date .				
Section 6 – Agency Authorization – TO BE COMPLETED B	BY AGENCY AFTER SUBMISSION TO BSC				
Payroll/Timekeeping					
Verification of leave balances:					
Vacation Comp Floating Holiday	Personal Sick				
Comments					
	15.				
Signature/Title	Date				
Human Resources					
☐ Approve ☐ Disapprove ☐ Approve with Mod	difications				
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Signature/Title	Date				