



# Memorandum



**New York City Transit**

**Date** January 14, 2013

**To** All Employees

**From** Dawn M. Pinnock, Vice President, Human Resources

A handwritten signature in blue ink, likely belonging to Dawn M. Pinnock.

**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 only 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](mailto:bscservice@mtabsc.org); FAX: 212-852-8700; Mail: MTA Business Service Center, 333 W. 34<sup>th</sup> Street, 9<sup>th</sup> 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**

Print Name	Last First M.I. Suffix					BSC ID
Agency/Dept (that pays you)	<input type="checkbox"/> HQ/BSC/ IG/CC	<input type="checkbox"/> Police	<input type="checkbox"/> SIR	<input type="checkbox"/> NYCT	<input type="checkbox"/> MaBSTOA	Agency ID/Pass #
	<input type="checkbox"/> B&T	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> 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

If you have already made your vacation pick for 2013, please indicate the dates you wish to buy back.

From (Month/Day) \_\_\_\_\_ To (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 \_\_\_\_\_ Personal \_\_\_\_\_ Sick \_\_\_\_\_

Comments

Signature/Title

Date

**Human Resources**

☐ Approve    ☐ Disapprove    ☐ Approve with Modifications

Comments

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](mailto:bscservice@mtabsc.org); FAX: 212-852-8700; Mail: MTA Business Service Center, 333 W. 34<sup>th</sup> Street, 9<sup>th</sup> 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**

Print Name		Last				First		M.I.		Suffix		BSC ID	
Agency/Dept (that pays you)	<input type="checkbox"/> HQ/BSC/ IG/CC	<input type="checkbox"/> Police	<input type="checkbox"/> SIR	<input type="checkbox"/> NYCT	<input type="checkbox"/> MaBSTOA	Agency ID/Pass #							
	<input type="checkbox"/> B&T	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> 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 - Description of the Emergency**

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 BSC**

**Payroll/Timekeeping**

Verification of leave balances:

Vacation \_\_\_\_\_ Comp \_\_\_\_\_ Floating Holiday \_\_\_\_\_ Personal \_\_\_\_\_ Sick \_\_\_\_\_

Comments

Signature/Title

Date

**Human Resources**

☐ Approve    ☐ Disapprove    ☐ Approve with Modifications

Comments

Signature/Title

Date

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

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](mailto:bscservice@mtabsc.org); FAX: 212-852-8700; Mail: MTA Business Service Center, 333 W. 34<sup>th</sup> Street, 9<sup>th</sup> 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

Print Name	Last First M.I. Suffix					BSC ID
Agency/Dept (that pays you)	<input type="checkbox"/> HQ/BSC/ IG/CC	<input type="checkbox"/> Police	<input type="checkbox"/> SIR	<input type="checkbox"/> NYCT	<input type="checkbox"/> MaBSTOA	Agency ID/Pass #:
	<input type="checkbox"/> B&T	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus		Department/Work Location
Title						
City					State	Zip Code
Phone (W)		Phone (H)		Phone (Cell)		Email

## Section 3 - Donation

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
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**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 \_\_\_\_\_ Personal \_\_\_\_\_ Sick \_\_\_\_\_

Comments

Signature/Title

Date

**Human Resources**

☐ Approve    ☐ Disapprove    ☐ Approve with Modifications

Explanation

Signature/Title

Date



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

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, 6<sup>th</sup> Floor, or email to [pmcdonne@mtahq.org](mailto: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)	<input type="checkbox"/> HQ/BSC/ IG/CC	<input type="checkbox"/> Police	<input type="checkbox"/> SIR	<input type="checkbox"/> NYCT	<input type="checkbox"/> MaBSTOA	Agency ID/Pass #:
	<input type="checkbox"/> B&T	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus		Department/Work Location
Title						
City					State	Zip Code
Phone (W)		Phone (H)		Phone (Cell)		Email

## Section 3 - Donation

**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.*

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I have not been directly or indirectly intimidated, threatened, coerced, or promised any benefit in exchange for my donation.*

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Signature

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 \_\_\_\_\_ Personal \_\_\_\_\_ Sick \_\_\_\_\_

Comments

Signature/Title

Date

**Human Resources**

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Explanation

Signature/Title

Date

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



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Email (W)		Email (H)				

**Section 3 - Description of the Emergency**

Number of Emergency Leave days you are requesting \_\_\_\_\_

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Comments

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Date

**Request for Vacation Buy-Back Under the  
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HR-BEN-391A**



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	<input type="checkbox"/> B&T	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> 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.

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**Payroll/Timekeeping**

Verification of leave balances:

Vacation \_\_\_\_\_ Comp \_\_\_\_\_ Floating Holiday \_\_\_\_\_ Personal \_\_\_\_\_ Sick \_\_\_\_\_

Comments

Signature/Title

Date

**Human Resources**

☐ Approve    ☐ Disapprove    ☐ Approve with Modifications

Comments

Signature/Title

Date