

2024 CSEA PRODUCTIVITY ENHANCEMENT PROGRAM (PEP) DESCRIPTION OVERVIEW

The Productivity Enhancement Program (PEP) for 2024 allows eligible CSEA-represented employees to exchange previously accrued annual leave (vacation) and/or personal leave in return for a credit to be applied toward their employee share of NYSHIP premiums on a biweekly basis.

Full-time employees represented by CSEA in Salary Grades (SG) 1–17 who enroll in the program may elect to forfeit a total of either 4 days (30 or 32 hours for 37.5- and 40-hour workweeks, respectively) or 8 days (60 or 64 hours for 37.5- and 40-hour workweeks, respectively) of previously accrued annual and/or personal leave at the time of enrollment in return for a credit of up to either \$800 or \$1600, respectively, for the 2024 program year to be applied toward the employee share of NYSHIP premiums deducted from biweekly paychecks during the program year of January 1 through December 31, 2024.

For CSEA employees, grade 17 and below, the biweekly credit is equal to either \$30.77 (\$800 divided by 26 paychecks) OR \$61.54 (\$1600 divided by 26 paychecks) OR the biweekly cost of the enrollee's employee share NYSHIP contribution, whichever is less.

Part-Time Employees Part-time annual-salaried employees who meet the eligibility requirements may participate on a prorated basis in accordance with their payroll percentage.

Once enrolled for the program year, employees continue to participate for that program year unless they separate from State service or cease to be NYSHIP contract holders. Leave forfeited in association with the program will not be returned, in whole or in part, to employees who cease to be eligible for participation in the program.

The full leave forfeiture will be deducted from participants' leave balances at the time of enrollment.

ENROLLMENT

The enrollment period for 2024 is Wednesday, November 1, 2023 through Monday, December 11, 2023. All interested employees will be required to submit an enrollment form for each program year in which they wish to participate. **ELIGIBILITY** In order to enroll an employee must:

- Be a classified service employee in a title at Salary Grade 17 or below.
- Have a minimum combined balance of annual and personal leave of at least 8 days after making the forfeiture; and
- Be a NYSHIP enrollee (contract holder) in either the Empire Plan or an HMO at the time of enrollment.

**Productivity Enhancement Program for 2024
Enrollment Form**

Name _____ Salary Grade _____ SS# xxx-xx-_____
Health Insurance Plan _____
Individual or Family Coverage (CHECK ONE)

By signing this document, I elect to participate in the 2024 portion of the Productivity Enhancement Program (PEP) and agree to the provisions contained in the Productivity Enhancement Program Description (hereafter program description) that is available in my agency personnel office. I understand that I must meet all the eligibility criteria as set forth in the program description in order to participate.

I understand that, in accordance with the program description, I will surrender leave accruals standing to my credit as a result of participation and that ALL of these leave credits will be deducted from my leave balances at the time my enrollment is processed. Furthermore, I understand that no portion of this leave will be returned to me under any circumstances. I wish to apportion this leave forfeiture as follows:

BARGAINING UNIT & GRADE LEVEL	DAYS/ACCRUALS
CSEA and M/C Salary Grade 1-17	Choose 4 or 8 days _____ Hours vacation leave _____ Hours personal leave _____

In exchange for forfeiting this accrued leave I will receive a credit as set forth in the program description to be applied against the employee share cost of 2024 plan year NYSHIP health insurance. Pursuant to the program description, the amount of this credit will be established at the time of enrollment and will be adjusted only upon movement between individual and family coverage. I will not receive any amount of credit that exceeds the cost of the employee share of my NYSHIP health insurance premiums paid during that period.

I understand that this enrollment form is for the 2024 program year only. I also understand that, in order to participate this completed election form must be filed with my agency personnel office by the close of business on **December 11, 2023**.

Signature _____ Date _____

For Agency Personnel Office Only:

Employee's payroll/employment percentage: _____ Salary Grade: _____ Total number of days forfeited: _____

Hours of leave deducted from employee's balance:
Vacation _____ Personal _____ Date _____

Verification of eligibility. I certify that this applicant meets the eligibility criteria necessary for participation in this program.

Name _____ Title _____
Signature _____ Date _____

For Health Benefits Administrators Only:

Date Processed _____
Biweekly Health Insurance Premium Contribution Credit _____
Name _____ Title _____
Signature _____ Date _____

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

This information is being requested pursuant to New York State Civil Service Law section 161-a for the principal purpose of determining eligibility for the Productivity Enhancement Program for 2023. This information will be used in accordance with Public Officers Law section 96(1). Failure to provide this information may result in a denial of eligibility to participate in the Productivity Enhancement Program for 2023. This information will be maintained by the employee's Agency Personnel Office. For further information relating only to the Personal Privacy Protection Law, call (518) 457-9375.