

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
ATTENDANCE AND LEAVE MANUAL
POLICY BULLETIN NO. 2014-01**

Section 26.3

June 2014

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TO: State Departments and Agencies
FROM: Blaine Ryan-Lynch, Director of Staffing Services
SUBJECT: Implementation of Productivity Enhancement Program for 2014 –
DC-37

The Productivity Enhancement Program (PEP) allows eligible DC-37-represented employees in the Executive branch to exchange previously accrued annual leave (vacation) and/or personal leave in return for a credit to be applied toward their employee share NYSHIP premiums on a biweekly basis. Attached please find the Program Description and the enrollment form for the 2014 PEP Program.

The starting and ending dates of the PEP program for 2014 are detailed in the Program Description. The enrollment period for 2014 will be Friday, June 27, 2014 through Friday, July 18, 2014.

Implementation of the program will require action on the part of agency personnel officers, agency timekeepers, and agency health benefits administrators (HBAs). Specifically, agency personnel officers will be responsible for (1) providing interested employees with program descriptions and enrollment forms; (2) verifying employee eligibility to participate; and (3) notifying timekeepers and health benefits administrators of participant enrollments and separations from service. Agency timekeepers will be responsible for adjusting the vacation and/or personal leave balances of participants upon enrollment. Questions regarding employee eligibility and leave transactions should be directed to the Attendance and Leave Unit of the Department of Civil Service at (518) 457-2295.

HBAs are responsible for processing the Health Insurance Premium Contribution Credit (HIPCC) for PEP enrollees. The Employee Benefits Division will be issuing a separate document with specific instructions for HBAs. Questions regarding health insurance transactions should be directed to your agency's processor in the Employee Benefits Division Operations Unit.

Attachments: PEP Program Description
Enrollment Form

2014 PRODUCTIVITY ENHANCEMENT PROGRAM (PEP) DESCRIPTION

OVERVIEW

The Productivity Enhancement Program (PEP) for 2014 allows eligible DC-37-represented employees in the Executive branch 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. In no case can the credit available under the program be applied to the employer share of NYSHIP premiums.

The program will be available beginning on or after July 1, 2014.

Due to timing, PEP credit for 2014 will be included in the paychecks beginning on or after July 3, 2014 for Administration Lag payroll employees.

Full-time employees in Salary Grades (SG) 1–17 (or non-statutory employees equated to SG 1–17, or employees with an annual salary rate no greater than job rate of SG 17) who enroll in the program may elect to forfeit a total of either 1.5 days (11.25 hours for 37.5 hour workweeks) or 3 days (22.5 hours for 37.5 hour workweeks) of annual and/or personal leave standing to their credit at the time of enrollment in return for a credit of up to either \$250 or \$500 for the 2014 program year to be applied toward the employee share of NYSHIP premiums deducted from biweekly paychecks during the program year, July 3–December 31, 2014.

Full-time employees in SG 18–24 (or non-statutory employees equated to SG 18–24, or employees with an annual salary exceeding the job rate of SG 17 but with an annual salary no greater than the job rate of SG 24), who enroll in the program will be eligible to forfeit a total of either 1 day (7.5 hours for 37.5 hour workweeks) or 2 days (15 hours for 37.5 hour workweeks) of annual and/or personal leave standing to their credit at the time of enrollment in return for a credit of up to either \$250 or \$500 for the 2014 program year to be applied toward the employee share of NYSHIP premiums deducted from biweekly paychecks during the program year. In cases where the payroll percentage of these employees results in a leave forfeiture that is not a quarter-hour increment, the leave forfeiture should be rounded to the nearest quarter-hour (rounding up when the resulting figure is exactly between two quarter-hour increments).

In order to facilitate coordination of this PEP credit with introduction of the new health insurance rates, the 2014 PEP program year will be covered by the dates specified below:

Program Year	Employee's Payroll Cycle	Paychecks Issued Between:
2014	Administration Lag	7/16/14 through 12/17/14

As discussed below under “**ELIGIBILITY**,” part-time employees who meet the eligibility criteria for the program will be allowed to participate on a prorated basis during 2014.

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. (Note: If separated from service due to layoff and placed on a preferred list, the former employee will continue to participate.) 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.

During any program year in which an employee participates, the health insurance premium contribution credit established upon enrollment in the program will be adjusted only if the employee moves between individual and family coverage under NYSHIP during that program year. Therefore, once an employee enrolls for that program year, any subsequent changes in employment percentage during the program year will have no impact on the health insurance premium contribution credit.

Disputes arising from this program are not grievable. This pilot program will sunset on December 31 of the last year of the negotiated contract agreement unless extended by mutual agreement of the parties.

ENROLLMENT

The enrollment period for 2014 will be Friday, June 27, 2014 through Friday, July 18, 2014.

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:

- For DC-37-represented employees, be a classified or unclassified service employee in the Executive branch in a title at Salary Grade 24 or below or equated to a position at or below Salary Grade 24;
- Be a full-time employee with an annual salary within the applicable salary range, at the time of enrollment OR be a part-time employee whose biweekly salary is within the salary range, at the time of enrollment;
- 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.

Part-Time Employees

Eligible part-time employees may participate on a prorated basis. Part-time annual-salaried employees who meet these eligibility requirements will be eligible to participate on a prorated basis in accordance with their payroll percentage. Additional hours that these employees work beyond their payroll percentage are not counted for this purpose. In cases where the payroll percentage of these employees results in a leave forfeiture that is not a quarter-hour increment, the leave forfeiture should be rounded to the nearest quarter-hour (rounding up when the resulting figure is exactly between two quarter-hour increments).

Part-time hourly and per diem employees who meet the eligibility requirements may participate on a prorated basis in accordance with their employment percentage. In cases where the work schedules of such employees fluctuate, agencies should contact the Attendance and Leave Unit

of the Department of Civil Service at (518) 457-2295 for guidance in determining the appropriate employment percentage. The same rounding principles described above for part-time annual-salaried employees should be applied to these employees.

Voluntary Reduction in Work Schedule (VRWS)

Employees on Voluntary Reduction in Work Schedule (VRWS) agreements who elect to participate in the program do so as full-time employees. If eligible, they exchange the appropriate number of full-time days of annual and/or personal leave for the maximum health insurance premium contribution credit allowable under the program (up to \$500 for 2014). In cases where the payroll percentage of these employees results in a leave forfeiture that is not a quarter-hour increment, the leave forfeiture should be rounded to the nearest quarter-hour (rounding up when the resulting figure is exactly between two quarter-hour increments).

Re-employed Retirees

Retired New York State employees who have returned to work must meet all the eligibility criteria for participation in the program and must have the employee share of their NYSHIP health insurance premium deducted from their biweekly paycheck. Re-employed retirees who retain retiree status for health insurance purposes are not eligible to participate.

CALCULATION OF PEP CREDIT

For the 2014 program year, the credit that will be applied to participants' biweekly employee share premiums can be calculated as follows:

Full-Time Employees

The biweekly credit is equal to either \$19.23 (\$250 divided by 13 paychecks) OR \$38.46 (\$500 divided by 13 paychecks) OR the biweekly cost of the enrollee's employee share NYSHIP contribution, whichever is less.

Part-Time Employees

The biweekly credit is equal to either \$19.23 multiplied by the employee's payroll/employment percentage OR \$38.46 multiplied by the employee's payroll/employment percentage OR the biweekly cost of the enrollee's employee share NYSHIP contribution, whichever is less.

LEAVES OF ABSENCE

Participants who go on sick leave at half-pay during a program year in which they are PEP enrollees will continue to have the health insurance premium contribution credit applied to the employee share of health insurance premiums deducted from biweekly paychecks.

PEP enrollees who go on leave without pay and do not receive a waiver of premium continue to participate in the program, paying the employee share of the NYSHIP health insurance premium at the reduced rate. Additionally, they pay the employer share of the health insurance premium where required. No portion of the health insurance premium contribution credit available under the program can be applied toward the employer share of the health insurance premium even when the employee is required to pay it. Leave forfeited in association with the program will not be returned, in whole or in part, to employees who receive a waiver of premium.

PEP enrollees who go on Workers' Compensation leave continue to participate in the program. They continue to receive the health insurance premium contribution credit. For employees eligible to defer NYSHIP premiums until return to the payroll, only that portion of the employee share premium which is not offset by the health insurance premium contribution credit, if any, is deferred until the employee returns to the payroll. However, employees eligible to receive supplemental payments while on Workers' Compensation leave will have the health insurance premium contribution credit applied to any employee share premium deducted from such supplemental payments.

INSURANCE ISSUES

An employee enrolled in PEP who moves between individual and family coverage under NYSHIP will have his/her health insurance premium contribution credit adjusted upward or downward as appropriate.

If both spouses are State employees covered under a single family contract, only the contract holder who carries the family coverage can participate in PEP. If both spouses are enrolled contract holders, both may participate in PEP if otherwise eligible.

The Employee Benefits Division of the Department of Civil Service will issue guidelines for agency Health Benefits Administrators concerning the processing of enrollment and status changes for PEP participants.

TAXABILITY

By electing to participate in PEP, an employee reduces the amount deducted from biweekly paychecks to pay the employee share of NYSHIP premiums. If the employee currently has that amount deducted on a pre-tax basis, the PEP health insurance premium contribution credit reduces that pre-tax deduction. The net effect is that the amount of income the employee pays taxes on increases by the amount of the health insurance premium contribution credit. While employees will realize net savings because of the PEP credit, the amount of that savings will be less than the full amount of the PEP credit for anyone currently paying NYSHIP premiums on a pre-tax basis. Furthermore, for each program year of participation in PEP, employees who participate in the pre-tax premium contribution program may only make changes to health insurance in accordance with pre-tax premium contribution program rules regarding qualifying events, even though the PEP credit eliminates all or part of the health insurance premium deduction.

Employees should be referred to their income tax preparer for questions regarding the tax implications of participation in the PEP.

**Productivity Enhancement Program for 2014
DC-37 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 2014 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:

	DC-37
Salary Grade 1-17	Choose 1.5 or 3 days _____ Hrs vacation leave _____ Hrs personal leave _____
Salary Grade 18-24	Choose 1 or 2 days _____ Hrs vacation leave _____ Hrs 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 2014 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 2014 program year only.

I understand that in order to participate this completed election form must be filed with my agency personnel office by the close of business on **July 18, 2014**.

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 2014. 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 2014. 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.

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 _____