



Waiver of Participation in the DEA Catastrophic Leave Time Bank

Under the terms of the most recent collective bargaining agreement, Detectives are now permitted to donate one (1) day of **Vacation Time** (and a maximum of five [5] days of Vacation Time) to a centralized time bank to be used only by other Detectives who have exhausted all of their accrued leave balances, but need additional vacation time to address a major illness or medical condition of an immediate family member. No other accrued leave time (i.e. lost time, chart days or terminal leave) is permitted to be donated.

Please note that this program defines an immediate family member as one who is a Detective's parent, spouse, domestic partner, same sex committed partner, and/or child (genetic or adopted).

In order to document properly the donation of Vacation Time to the centralized time bank, and/or the usage of such donated Vacation Time by other Detectives, please note the following: ***Upon inception of this policy, all Detectives, except those who notify the DEA that they do not wish to participate, will have one (1) day of vacation time deducted from their annual vacation accrual to be placed into the centralized time bank maintained by the Police Department.***

If you wish to opt out from the program, you must return this form.

Waiver of Participation in the DEA Catastrophic Leave Time Bank

I _____, Tax # _____, Ref # _____

(Please Print Legibly)

DO NOT wish to donate one (1) day of **Vacation Time** to the DEA Catastrophic Leave Time Bank. I understand that this is a voluntary program and I do **not** wish to participate. I also understand that by not participating, I am **not** eligible to draw time from the time bank.

This form must be returned to the DEA office by Monday, June 6, 2022.

You can return the form in a number of ways:

- Deliver this form by hand to the DEA office at 26 Thomas Street, Manhattan.
- Mail this form to the DEA, 26 Thomas Street, NY, NY 10007, Attention: Paul Morrison
- Fax this form to **(212) 732-4863** Attention: Paul Morrison
- Scan and email this form to **paulmorrison@nycdetectives.org**

Signature _____ Date _____