



## Optional Payment Election Form

Employee Name:

Date:

Employee Identification Number:

1. Pursuant to State Finance Law § 210, I, \_\_\_\_\_, hereby elect to receive an optional payment of an advance of my salary, in the amount of \_\_\_\_\_ to be paid by check or direct deposit on or around the end of the first payroll period in which I started work, if I commenced work at the beginning of the payroll period. If I did not commence work at the beginning of the payroll period, payment shall be made on or around the end of the first full payroll period worked thereafter.
2. I understand that in order to receive this optional payment, I must be an eligible employee, which means that I am either:
  - a. A full-time annual salaried employee who has commenced work and shall not include any other employee classification or any employee who has not yet actively commenced work.
  - b. Where applicable to a particular bargaining unit, a CYF, CAL or 21P employee is also an eligible employee.
3. I understand that I must repay this optional payment, and I agree to repay this optional payment over 14 pay periods immediately following receipt of the payment. I understand that repayment will occur via an after-tax deduction from my paycheck by the State of New York. If a paycheck is insufficient to cover the bi-weekly repayment amount, I understand and agree that recoupment will continue until the optional payment is repaid in full.
4. I understand that during the recoupment period, not only will the recoupment of the optional payment occur, but regularly applicable tax and other deductions will be applied to my salary, and I have considered the impact of the recoupment on my earnings during this period.
5. I agree that if I separate from employment for any reason prior to total repayment of this optional payment, I authorize the State of New York to deduct the remaining amount of my optional payment that is outstanding from the wages/salary owed to me at the time of termination of employment or from any payment for vacation accruals to which I am entitled. If such wages/salary or vacation accrual payment amount is insufficient, I understand that the State of New York may recoup and recover such repayment by any legal means at their disposal and that a failure to repay any amounts may result in an adverse tax consequence for me.
6. I understand that this election is completely voluntary on my part and once made cannot be revoked.

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

Name:

Date:

**ACKNOWLEDGMENT OF EMPLOYEE'S SIGNATURE**

STATE OF NEW YORK )

) SS.:

COUNTY OF )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument, and they acknowledged to me that they executed the same.

\_\_\_\_\_  
Notary Public

**STATE EMPLOYER'S SIGNATURE:**

Name:

Date:

## **ATTACHMENT B – Optional Payment Election Form Instructions**

Line 1, Blank 1: Enter Employee's full name.

Line 1, Blank 2: Enter amount of two weeks of Employee's basic annual salary configured at the negotiated hiring rate in statue, equated salary grade hiring rate, or in accordance with established salary setting guidance, not including any other wages/salary or any deductions and not to exceed \$10,000.

Employee's Signature: Must be notarized.