

What To Do Before You Are Placed Off Payroll



Financial Guide

To Benefits and Leaves

With Resources To Get Help

Make sure the following documents are attached:

Officer Checklist
Phone List of Services
“What To Do Before You Go Off Payroll” Guide
Instructions For Employee
Sample Letter For Employee
Social Services “Emergency” Packet
DC37 Temporary Disability Instructions and Form
FMLA Act Poster
Sick Leave Donation Package
2 Envelopes Addressed to the Captain of the Battalion

Officer Check List

Employee _____

Shield _____

Date _____

- Send "What to do Before You Are Placed Off Payroll" Package to employee with 2 envelopes both addressed to the Captain. (One is for the Leave/time request and the second for the S/L Time Donation Forms.)
- Send Dedicated Sick Leave Donation Application with a Return Envelope addressed to the Battalion
- Speak with the FDNY Personnel Leave Coordinator to advise of the needs of the member
- FMLA Information Sheet (have member contact the FDNY Leave Coordinator for more information)
- Advise the members local and/or advise the member to call his/her local

Upon Return of the documents, ensure proper routing:

- Send Request for Advanced Time & Catastrophic Sick Leave and Leaves of Absence to the FDNY Leave Coordinator, 9 MetroTech Center, Personnel 6th Floor, Brooklyn, NY 11201
- Process the paperwork to initiate other members to Donate Time. Advise battalion members of the members need and ask them to donate time. The rules regarding this are in the attached policy.
- Contact members local and have them send out a member bulletin to assist in Time Donation
- Advise member of how much time they have left (Sick, Vacation and Comp Time), and keep them updated.

District Council 37 212-815-1000

Local 2507 718-371-0310

Local 3621 718-897-0001

Health and Security 212-815-1234

(Dental, Optical, Drug Prescription Plan and Short Term Disability)

DC 37 Health Center 212-766-4440

Vision Center 212-766-4452

Podiatry Service 212-766-4455

MN: Chambers St. (betw. Church and W. Broadway)

Hours: M-W 10-6, T Th F 9-5, Sat. 8:30 –4:30

DC 37 Family Dental Center

BK: 186 Joralemon St. (betw. Court and Clinton Sts.) 718-852-1400

Hours: M-W 10-6, T Th F 9-5, Sat. 8-4

Personal Services Unit 212-815-1260

M-F 9-12 Walk-in services

M-F 9-1 Phone counseling/referral services

Pension Counseling 212-815-1200

Membership Records 212-815-1570

(change of address, phone #)

Legal Services (MELS) 212-815-1111

Landlord-Tenant, Matrimonial (except if other party is member), Family court (except support), Purchasing or selling home, condo, co-op, Wills, Bankruptcy

Education Department 212-815-1700

Voluntary Insurance Program 800-347-6071

(Disability Insurance)

401K Retirement Plans 212-306-7760

Honor Emergency Fund 718-999-2531

WHAT TO DO BEFORE YOU GO OFF PAYROLL

The following are ways to continue your benefits before you go off payroll:

1. Request an advance of next year's Annual/Sick Leave (up to 22 days).
2. Request a Sick Leave Grant of up to 90 days, if you have ten years of city service.
3. Complete a DC 37 Short-Term Disability Benefit Claim Form (212-815-1234).
4. Complete an Application to Receive Sick Leave (Dedicated Sick Leave Program – Margaret Basso 718-999-0458).
5. File for a disability retirement with the New York City Employee Retirement System (NYCERS), if you have ten years of city service (1-347-643-3000).

Once you are in a no-pay status, in addition to no longer receiving a paycheck, your health benefit deductions stop. It is the responsibility of your station to make sure that you are notified of your pay status and that you apply for a medical leave of absence so that your health coverage does not lapse. Once you have applied for a medical leave of absence, or a leave under the Family Medical Leave Act (FMLA), your health benefits will continue uninterrupted. Under FMLA, you can continue your health benefits for 12 weeks. This benefit applies to provisional as well as permanent employees. Any employee who is subjected to any discrimination resulting from taking FMLA Leave can file a complaint with the Dept. of Labor and sue the responsible individual(s) for damages. See the attached government FMLA flyer/web for more info.

As a permanent employee, if you request a sick leave of absence, your health benefits will continue under the Special Leave of Absence Coverage (SLOAC) program for 4 months. (This does not cover your DC 37 Health Plan benefits.) Within 44 days, the Fire Department is required under Federal law to notify you of the last day of your benefit, and offer you a health plan option (COBRA) for an additional 6 months. To continue your DC 37 benefits, file a Short-Term Disability Benefit claim, as soon as possible. You must contact DC37 for their COBRA plan (prescription, vision & dental).

In requesting a medical leave of absence, a letter must be forwarded to the station commanding officer or the person designated to approve leaves in his or her absence. Along with the letter should be a letter from your doctor or other medical provider supporting your request for leave. A date of expected return to duty must appear on the letter. This date will be used to establish a return date pending further medical documentation. All of the above is forwarded to the FDNY Leave Coordinator for final approval.

FDNY Leave Coordinator Ms. Gallarzda 718-999-0607
Health Benefits Coordinator Camille Isaacs 718-999-2196

Advanced Leave: This time is “advanced” to the employee and has to be paid back. Think of it as a loan. The maximum allowed is 22 days; 10 days A/L and 12 days A/L. The employee needs to request this in writing to the Captain supplying appropriate documentation. The Captain approves this request and forwards the request and the approval to the FDNY Civilian Leave Coordinator in Personnel.

Sick Leave Grant: This is a grant (gift) of up to 90 days. You must have 10 years or more on the job to qualify, although exceptions can be made. This request also needs to be made in writing to the Captain. Once approved, it is forwarded to the FDNY Civilian Leave Coordinator with the appropriate documentation and Personnel will determine the amount of time to grant the member. This is a once in a lifetime grant. Note: This is granted by calendar days, not work days. i.e.: 30 days grant is one month, not 6 weeks. The Assistant Commissioner of Personnel approves this grant.

Dedicated Sick Leave: Time can be donated to a member from another member. Time donated must be in increments of full days. If you have fewer than 10 years of service you can only donate A/L. If you have at least 10 years of service, you can donate either S/L or A/L. You must have a balance of at least 24 days S/L in order to donate. Each day of S/L donated will be credited to the recipient as a half-day. Each day of A/L donated will be credited to the recipient as a full day.

Short Term Disability: Your DC 37 Short-Term Disability Benefit begins as soon as you have exhausted all of your leave balance. The benefit is approximately \$200/week up to 6 months. In addition, by completing the form, even if you are not eligible for the Disability Benefit, by filing, you are eligible to continue to receive your DC 37 Health Plan coverage (Dental, Vision, Drug Prescription, etc.) for 6 months from your last day on payroll. For information call: 212-815-1353, or 212-815-1386. (Fax: 212-815-1218) Problems getting this processed are usually because the FDNY verification unit is holding up completing this document and advising DC37. Call the union for help.

Disability Retirement: You can file an application for a service-connected or non-service connected disability retirement. The process takes anywhere from six months to one year before you receive your first full pension check. Your pay and health benefits are retroactive to the date of retirement. For info call: NYCERS 1-347-643-3000.

Family and Medical Leave Act (FMLA): The Federal Family and Medical Leave Act of 1993 (FMLA) entitles eligible City employees to twelve weeks of family leave in a 12-month period to care for a dependent child or covered family members, and/or for the serious illness of *the employee*. Employees using this leave can continue their City health coverage through the FMLA provisions. This leave does not have to be consecutive. It can be taken on an intermittent basis.

Special Leave of Absence Coverage (SLOAC): SLOAC provides continued City health coverage for 4 months to certain employees who are on authorized leave without pay as a result of a disability or illness, or who are receiving Workers' Compensation.

COBRA Benefits: The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that the City offer employees, retirees and their families the opportunity to continue group health and/or welfare fund (DC 37) coverage in certain instances where the coverage would otherwise terminate. The monthly premiums will be 102% of the group rate (or 150% of the group rate for the 19th through 29th months in case of total disability). All group health benefits, including Optional Riders, are available. The maximum period of coverage is 18, 29, or 36 months, depending on the reason for continuation. Eligible persons electing COBRA continuation coverage must do so within 60 days of the date on which they receive notification of their rights, and must pay the initial premium within 45 days of their election. Premium payments are made on a monthly basis. Payments after the initial payment will have a 30-day grace period. Employees who are approved for disability retirement will have premiums reimbursed.

The DC 37 Welfare Fund (Health and Security Plan) is also subject to COBRA regulations. These regulations require prior notice before the termination of health benefits and the offer to continue benefits.

OTHER SOURCES OF FINANCIAL ASSISTANCE:

1. Call or visit the Personal Services Unit of DC 37. They provide confidential counseling and assistance. (212-815-1260) M-F 9-12 Walk-in, M-F Phone counseling. Local 2507 matches any amount that you receive from DC 37.
2. Inquire about your eligibility for a grant from the **Honor Emergency Fund** (call Stan Reimer at 718-999-1215/1216).
3. File for Social Security Disability coverage. See the Blue Pages of your phone book or call 1-800-772-1213. Attorneys specializing in disability are helpful in some cases.
4. File for Unemployment Compensation coverage. Some members are eligible for this benefit. You may even be eligible if the FDNY advises you they do not have a Light Duty or Modified Duty Assignment for you when BHS has put you Light Duty. See the Blue Pages of your phone book for a local office or call 1-888-209-8124.

5. File for Human Resources Assistance. See the Blue Pages of your phone book for a local office or call 1-877-472-8411. Social Services are available to you in cases of hardships. Call the Union for this brochure or call the Department of Social Services if you need heat, food stamps, your utilities are going to be turned off or you face eviction.

6. Inquire about other types of employment in City Service. Call the City Department of Citywide Administrative Services at 212-669-7000.

Employee: _____,

The attached letter is a guide, feel free to write your own.

Please do the following:

- 1 Sign and return (or write your own) Letter requesting a Leave and attach a note from your doctor that states that you are unable to work and the severity of your medical problem and anticipated date of return. Keep a copy of both letters for your personal records. Send one set in the envelope provided back to your Captain and send the other to your local & advise them you mailed/faxed it.
- 2 Complete the Short-Term Disability form with the reverse side completed by your doctor. Keep a copy and mail it to DC37. Check on this in two weeks and call the local if you get a letter advising that the FDNY is not verifying their request.
- 3 Complete the Dedicated Sick Leave form. Leave all information blank except your signature, since the information will be changing pending the response of Personnel on your request for donated time. Keep a copy.
- 4 Contact your Local to have them assist getting donated time.

Any questions call your station and/or your local.

Date: _____

Dear Captain _____,

I am writing to ask for a sick leave of absence. I am also requesting the following :

- Family Medical Leave Act
- Dedicated Sick Leave Time (time donated to you)
- Advanced Time of 22 Days (approved by the Captain and sent to Personnel)
- Catastrophic Sick Leave Grant (up to 90 days) (endorsed by the Captain and approved by Personnel)

Please see the attached medical documentation and advise me when my leave and grants are approved and what I am required to do prior to returning from this leave. Also, advise me of when I am expected to return and what my options are if I am still not well enough to return at that time. I am also requesting assistance with my health coverage. Please advise me when it expires, and the procedure to apply for COBRA.

I am aware I should stay in contact with my Local for assistance.

Thank you.

Sincerely,

Print Name

Sign Name

Shield _____

CC: Local _____