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MEMORANDUM

DATE: November 12, 2013

TO: Hotel Association of New York City, Inc.
Division A Hotels: Labor Relations Members
General Managers, Human Resource Directors and Controllers

FROM: Kane Kessler, P.C.
Labor & Employment Law Department

RE: Sick Leave Pay Election; Additional Sick Day

Article XI(a)(3) of the Collective Bargaining Agreement allows employees to request a pay-out of some or all of their unused sick days or to carry over some or all of their unused sick days (for a maximum accumulation of 15 days in their sick leave banks), to the next calendar year. Employees must make the election on or before December 1st and the payout must occur in the second payroll week each December. The attached form, entitled "Sick Leave Pay Election Form," should be used for this request. The Hotel should indicate that the form must be returned by December 1st and should specify the Department to which the form should be returned. The form should then be distributed to employees for their completion.

As a reminder, effective January 1, 2014, employees who have been continuously employed by the Hotel for at least one (1) year will be entitled to eight (8) sick days.

If you have any questions, please do not hesitate to call David R. Rothfeld, Judith A. Stoll, Niki J. Franzitta, Lois M. Traub, Alexander Soric or Robert L. Sacks.

cc: Joseph E. Spinnato, Esq.
Geoffrey A. Mills, Chairman

SICK LEAVE PAY ELECTION FORM

Under the Collective Bargaining Agreement, I have the option to carry over seven (7) unused sick days into the next calendar year (for a maximum accumulation of fifteen (15) days in my sick leave bank as of January 1st of the next calendar year)

and / or

be paid out in the second payroll week of December the unused portion of my sick days.

I choose: [check appropriate boxes to indicate choice]

- To carry over _____ [fill in amount] days
- To be paid out _____ [fill in amount] days

If I do not fill out this form, I understand that the Hotel will pay to me all of my unused sick days at my current rate of pay in the second payroll week of December.

THIS FORM MUST BE COMPLETED AND SUBMITTED TO
_____ DEPARTMENT NO LATER THAN
DECEMBER 1ST

Name: PRINT

DEPARTMENT

Name: SIGNATURE

DATE