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**MEMORANDUM**

**DATE:** November 13, 2014

**TO:** Hotel Association of New York City, Inc.  
Labor Relations Members  
General Managers, Human Resources Directors and Controllers

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

**RE:** Sick Leave Pay Election

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Article 54(A)(6) of the Industry Wide 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. 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 a reasonable return date and the Department to which the form should be returned. The form should then be distributed to employees for their completion.

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, Robert L. Sacks or Michael Lydakias.

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

**SICK LEAVE PAY ELECTION FORM**

Under the Hotel Association - Hotel Trades Council Industry Wide Collective Bargaining Agreement, I have the option to carry over up to 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 1<sup>st</sup> 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  
\_\_\_\_\_

\_\_\_\_\_  
Name: PRINT

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
Name: SIGNATURE

\_\_\_\_\_  
DATE