

THE RAINY DAY FUND APPLICATION AND AGREEMENT

To: _____
(Recording Secretary)

Date: _____

From: _____
(Your Name)

Title: _____
(Your Title)

Agency and Facility: _____
(Your Agency & Work Location)

Email: _____
(Please Print)

Telephone: _____
(Home Phone)

(Cell Phone)

All information and documents below are REQUIRED

Specify how the conduct alleged in the Notice of Discipline (NOD) occurred while you were engaged in the performance of your duties under your specialized official title.

The Rainy Day Fund (RDF) began March 1, 2016. This Application and Agreement shall comply with the terms of the RDF Policy. In the event this Application and Agreement conflicts with the terms of the RDF Policy, the terms of the RDF Policy shall prevail.

Before being eligible to participate in the RDF, you must execute this Application and Agreement. Applications will be submitted to NYSCOPBA's Executive Board for monthly review.

If approved, a mandatory two week waiting period must be satisfied. The availability of funds may revert back to the date of eligibility, but no sooner than fourteen days from the date of suspension.

I hereby understand that by submitting this signed Application and Agreement; **if I am restored to the payroll for any period of time for which payment is received from the RDF whether by settlement, Arbitrator decision, or other means; I shall immediately reimburse to NYSCOPBA the amount paid to me during my period of suspension.**

Additionally, I understand that, if payment is received from RDF after the date of settlement or Arbitrator decision, I shall reimburse to NYSCOPBA the amount paid to me after settlement or decision. As a condition to receiving benefits under this fund, I hereby assign NYSCOPBA any back pay I subsequently receive, whether through settlement, arbitration award or otherwise; to the extent of the benefits received under this Fund.

Upon demonstrating that I am suffering a hardship, and am unable to immediately reimburse NYSCOPBA; NYSCOPBA in its sole discretion may agree to offer applicant a payment plan in an effort to satisfy the balance due.

In the event (a) I violate the terms contained in the RDF Policy or the RDF Application and Agreement or (b), fail to make payment as set forth herein or set forth in the payment plan authorized by NYSCOPBA; I agree to pay interest on the outstanding balance at a rate of 9% per annum until the balance is paid in full and reasonable attorney fees, collection fees and/or costs incurred in recover of the outstanding obligation herein.

****MONEY APPROPRIATED THROUGH THIS FUND IS CONSIDERED TAXABLE INCOME **** Proper tax documentation will be filed with appropriate taxing authorities

I also acknowledge that I have been provided a copy of the RDF policy and fully understand the terms set forth therein.

****Please note that the address noted on the issued NOD will be where the RDF checks are mailed if approved. If no address is noted on the NOD the RDF checks will be mailed to the address currently on file with your payroll department. If you would like the check(s) mailed to a different address you must note the address on this application.**

Please check off the method of delivery to receive your funds, if approved.

Mail paper check

Direct Deposit – Please provide the following;

Routing Number (9 -Digits) _____

Account Number (3-17 Digits) _____

Bank Name - _____

Name on Account - _____

- Please include a voided check with your application if choosing Direct Deposit

Signed: _____ Date: _____

PLEASE MAIL ALL APPLICATIONS TO: NYSCOPBA, 102 HACKETT BLVD., ALBANY, NY 12209 – ATTN: Chris Summers, RECORDING SECRETARY