## **Personnel Department**

Jennifer Mascarenas Personnel Officer PO Box 217 7551 Court Street Elizabethtown NY 12932



Erica Sadowski-Personnel Technician/Deputy Jaime Douglass- Personnel Technician Christina Slattery- Personnel Clerk

Phone: (518) 873-3360 Fax: (518) 873-3372

## 2024 PREMIUM ENHANCEMENT PROGRAM PART-TIME BENEFIT EMPLOYEES

$\Box$ I elect <u>NOT</u> to par	ticipate in the Premium Enhancement Program	ns for the Year 2024.
for a credit of \$540 Premiums on a mo	e 5 prorated days of my accrued vacation and/o 0.00 to be applied toward my share of the Heaponthly basis. I understand that I must have had we and vacation time on October 31, 2023 to be	olth Insurance d at least 15 days of
	Sick Leave Hours to be contributed	
-	Vacation Leave Hours to be contributed	
	Total Leave hours to be contributed *	
☐ I have 10 or more	years of benefit service with Essex County and f sick leave in return for a credit of \$108.00.	
*** A signed Octobo	er 2023 Time Sheet must be submitted with	this form. ***
Print Name		Date
<b>Employee Signature</b>		
Personnel Office Use Only  Approved by		