

American, Federation of State, County & Municipal Employees, AFL-CIO

DATE: May 20, 2005
TO: NP-4 Presidents
FROM: Albert J. Chiucarello
Staff Representative
SUBJECT: Butler Memorandum;
Re: Military Leave Benefits

Executive Director
Sal Luciano
Local 2663
State of CT - DCF

President
Thomas Ledoux
Local 2390
Town of Newington

Secretary
Clarke King
Local 1716
City of Hartford

Vice-Presidents

Linda Armstrong, Local 355
State of CT -- Administrative/Clerical

Mark Blumenthal, Local 566
Hartford Board of Education

Carol Carney, Local 269
State of CT -- Dept. of Labor

Cynthia Egan, Local 749
State of CT -- Judicial

Keith Gatling, Local 714
State of CT -- Social Services

Stephen Laccone, Local 353
City of Waterbury

James LoMonaco, Local 2836
State University Administrators

Roberta Marien, Local 610
State of CT -- Administrative/Clerical

David P. Moffa, Local 387
State of CT -- Corrections

Anna Montalvo, Local 1522
City of Bridgeport

Charles Ross, Local 184
Hartford MDC

Thomas Stough, Local 991
Town of Manchester

Richard Sweet, Local 391
State of CT -- Corrections

Thomas Verderame III, Local 3144
New Haven Supervisors

Valerie Walker, Local 1186
New Britain Board of Education

Edward Zimnoch, Local 1303

MEMORANDUM

I am offering the Butler Memorandum that delineates and defines the process. The process has been in place for a few years at the least.

If you have any questions, please do not hesitate to ask.

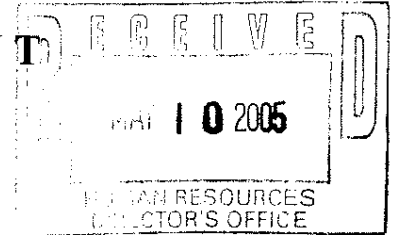
Thank you.

AJC/bw
Enc.

cc: NP-4 Vice Presidents
NP-4 Secretaries
Council 4 NP-4 Team



STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTION
 24 WOLCOTT HILL ROAD
 WETHERSFIELD, CONNECTICUT 06109



Tracey Butler
 Assistant Director of Human Resources

Telephone: (860) 692-6804
 Fax: (860) 692-6864

Memorandum

MAY 10 2005

TO: Human Resources Personnel Managers/Principal Personnel Officer
FROM: Tracey Butler, Assistant Director of Human Resources *Tracey*
DATE: May 10, 2005
RE: Military Leave Benefits

This is to reiterate the procedure to ensure appropriate military benefits are provided to employees on active military leave. When an employee is activated to military leave, please ensure each personnel officer forwards the attached military leave package to the affected employee for completion prior to leaving for military duty. As you are aware, the completed package is sent to Penny Stites who forwards it to the Comptroller's Office. The Comptroller's office uses this information to calculate partial pay figures. They generate a letter which is sent back to Penny who forwards it to Payroll. Please ensure that all of the personnel officers adhere to this process.

Should you have questions, please do not hesitate to see me.

TB:sb

cc: Dan Callahan, Director of Human Resources
 Tom Donlon, Personnel Manager
 Linda Goguen, Principal Personnel Officer
 File

See 5/12
 Please forward
 to Charita Fabian
 Al Chic and P/C's
 Subbay & Murphy
 Thanks
 Dan



STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION
24 WOLCOTT HILL ROAD
WETHERSFIELD, CONNECTICUT 06109

To: Military Personnel/DOC Staff Members
Subject: Important Information regarding Military Leave benefits

The State of Connecticut and the Department of Corrections continue to respond to the ever-changing needs caused by the horrific events of September 11. As explained in an earlier correspondence, many of you, current members of either the armed forces of the State or a reserve component of the armed forces of the United States, may expect to be activated for military duty for an unspecified period of time. We want to make you aware of a new bill that may change your salary and benefit rights while out on military leave.

- Senate Bill 2050 allows for supplemental pay if your military pay is less than your bi-weekly earnings. This pay will start when your regular paid military leave ends and will be based on the information provided to us by the Military Department. You must sign a release form for us to be able to obtain your military information. The Senate Bill also allows you to continue your group life and health insurance coverage as long as you continue to pay your share of the premiums. Non-payment of premiums will result in cancellation of your insurance. For life insurance an evidence of insurability form will be required to reactivate your life insurance coverage.

Due to your activation or in preparation for your possible activation to service the State of Connecticut Comptroller Office has asked us to obtain from you military and emergency information. Please fill out and return the State of Connecticut information sheet that has been enclosed. This form must be filled out and returned even if you have not been activated.

In order to determine your supplemental benefits we will also need you to complete the enclosed Payroll Information Release Form and to provide us with a copy of your military pay stub if available. Note that this form must be notarized and may be filled out by your attorney if they attach certified proof that they have power of attorney. We encourage you to complete this form even if you have not been activated yet.

In addition, if you are going out on military leave soon or are currently on military leave we will also need you to fill out a Military Leave of Absence Questionnaire. This will insure that we process your pay and benefits according to your wishes. Please contact your Personnel Officer if you have any questions, they will be happy to assist you.

Sincerely,

Daniel Callahan, Director of Human Resources

Attachments: 1) State of Connecticut Information Sheet (for Comptrollers)
2) Payroll Information Release Form (for DOC + Comptrollers)
3) Military Leave of Absence Questionnaire (for DOC)

cc: Carol Salisbury, Deputy Commissioner

MILITARY LEAVE OF ABSENCE QUESTIONNAIRE

Name of employee: _____ Facility/Unit: _____

Job Title: _____, Date of requested leave: _____

I request to take a Military Leave of Absence starting _____ . My orders will be provided.

Due to the nature of this activation, you qualify for thirty (30) calendar days of paid military leave per calendar year. Please note that the portion of paid days of military leave not used (for example, due to being placed on military leave later than December 1 of that current year) cannot be carried over into the next calendar year. At the start of the next calendar year, you qualify for another thirty (30) calendar days of paid military leave in that new calendar year.

Senate Bill 2050 also allows for supplemental pay if your military pay is less than your bi-weekly earnings. This pay will start when your regular paid military leave ends and will be based on the information provided to us by the Military Department. You must sign a release form for us to be able to obtain your military information. The Senate Bill also allows you to continue your group life and health insurance coverage as long as you continue to pay your share of the premiums. Non-payment of premiums will result in cancellation of your insurance. For life insurance an evidence of insurability form will be required to reactivate your life insurance coverage.

I request to receive supplemental payment as it applies to me and have signed the payroll information release form. YES NO initial _____

If use of other time is allowed at the same time as supplemental payments I elect to use my time. YES NO initial _____

If I am not eligible for the supplemental I elect to use my time. YES NO initial _____

If applicable please use my time in the following order: _____

I elect to continue my Life and health insurance coverage upon the expiration of my paid military leave and will arrange to have my share of the premiums paid in a timely manner.

YES NO initial _____

If supplemental benefits are provided through my check I would like to have my life and health insurance premiums deducted from that payment each pay period.

YES NO initial _____

In addition, I would also like the following other deductions to continue to be taken from the supplemental payment: _____

Mail my checks to: _____

IMPORTANT: MILITARY ORDERS MUST BE INCLUDED AS AN ATTACHMENT TO THIS REQUEST.

Requested by: _____ Date: _____

Reviewed by: _____ Date: _____

Approved by: _____ Correctional Personnel Director, Date: _____

State of Connecticut

Attachment to:
Comptroller's Memorandum 2001-57
October 4, 2001

**REQUEST FOR INFORMATION REGARDING STATE EMPLOYEES IN THE RESERVES
OF THE ARMED FORCES OF THE UNITED STATES**

Name Of The Employee: _____

Employee Number: _____

Social Security Number: _____

Home Address & Telephone Number: _____

Name, Address & Telephone Number Of Any
Contact Person For The Employee: _____

Health Insurance Coverage: _____

Branch of Service: _____

Employing Agency & Contact
Person In That Agency: _____
