CITY OF NEW YORK

ADVISORY NOTICE AND CERTIFICATION FOR SEASONAL CITY EMPLOYEES

Seasonal City employees are City Employees who work for a City agency for part of the year for a defined period of time **not to exceed 6 months** from start of employment. As a seasonal City Employee, you may be entitled to collect unemployment insurance benefits when you are not working and not on paid leave, such as at the end of your seasonal work for the City. However when you, as a seasonal City employee, return to work at a City agency you are no longer eligible for unemployment insurance benefits because you are being paid your City salary.

If you do apply for unemployment insurance benefits, you must provide the New York State Department of Labor (DOL) with accurate information regarding any days that you worked or were on paid leave, so that they can determine what, if any, benefits you are entitled to receive. Please refer to materials provided by DOL, or contact the DOL directly at (888) 209-8124, if you have any questions regarding how to properly claim unemployment benefits.

Be advised that providing false information to the DOL in connection with your claim for unemployment insurance benefits constitutes fraud and can result in any or all of the following serious penalties: repayment of any fraudulently received unemployment insurance benefits; denial of future unemployment insurance benefits; disciplinary action (including termination); and criminal prosecution. Seasonal employees have suffered these consequences for engaging in this type of fraudulent conduct. All cases of suspected fraud are referred to the New York City Department of Investigation for investigation.

For more information about this policy and other Personnel Rules and Regulations of the City of New York go to:


I, ____________________________, acknowledge that have received a copy of this advisory notice/certification, and I certify that I will comply therewith. I also understand that this advisory/certification will be placed in my personnel file.

______________________________  ________________________
Signature                           Date

______________________________  ________________________
Compliance Specialist              Date

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