



STATE OF ALABAMA
DEPARTMENT OF FINANCE
OFFICE OF THE STATE COMPTROLLER

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State Comptroller

October 2, 2007

MEMORANDUM

TO: CHIEF ACCOUNTANTS, PAYROLL,
AND PERSONNEL OFFICERS
NON-AUTOMATED AGENCIES

FROM: Robert L. Childree
State Comptroller

SUBJECT: Information on Longevity Payments

Section 36-6-11 and Section 36-21-3, *1975 Code of Alabama*, provides for payments for longevity based on permanent full-time and permanent part-time service. **2007 LONGEVITY BONUSES WILL BE DISTRIBUTED AS A SEPARATE CHECK AND WILL NOT BE SUBJECT TO DIRECT DEPOSIT. The payment date this year is December 14, 2007.** In 2006, each department reported the number of months eligible service through December 1, 2006, for each permanent full-time and part-time employee. This information was captured on all employees' records and is reflected on the employees' AGYS screen in the field labeled "Longevity Counter." In preparation for longevity payments this year, this field was increased by twelve (12) months.

Attached is a listing by social security number within pay location for all employees who might be eligible that are currently in your agency. Use this listing to verify the number of months eligible service through December 1, 2007 for each permanent employee. The number of months eligible service for longevity in most cases equates to the length of service used in annual leave accumulation. However, in accordance with revised State of Alabama Fiscal Procedures, eligible service time **only** "includes time worked and paid by the State Comptroller, the Comptroller for the State Docks, or the Comptroller for the Department of Mental Health/Mental Retardation prior to August 25, 1990." For law enforcement employees receiving longevity under Section 36-21-3, **total** State service time, not just law enforcement service time, is counted for purposes of calculating eligible service time.

If the information on the listing is incorrect, make the changes on the listing and return it to GHRS, ATTN: Betty Smith, Room 282, RSA Union Building no later than **November 30, 2007**.

An employee on long leave without pay on December 1, 2007 for **family medical leave** purposes is eligible for the longevity bonus. The "longevity counter" field on the AGYS screen should be updated to reflect adjustments for long leave without pay. For these employees, complete a One-Time Payment form and submit to GHRS no later than **November 30, 2007** to insure the employee receives the bonus in a timely manner. Longevity payments will be automatically generated for employees who are in "W" status due to a work-related injury. An AGYS form should be completed and sent to GHRS no later than November 30, 2007 to reflect 2/3 credit for time not worked due to an on-the-job injury.

A one-time payment screen for each eligible employee will be loaded on the night of December 7, 2007. If an employee is not in active pay status on December 1, 2007, notify Betty Smith (334-242-2188) by 9:00 AM on December 10, 2007. Gross-to-net processing will occur during the nightly cycle on December 10, 2007 and journal vouchers to charge longevity will be processed in CAS.

All **agency approved** longevity payments for employees who are on long military leave without pay December 1, 2007 will be paid in the supplemental that will be run on December 18, 2007. A One-Time Payment form must be completed for these employees and forwarded to Betty Smith, Room 282, RSA Union Building, no later than **December 13, 2007**. Please write **Military** on the top of the One-Time Payment form.

For **part-time employees**, a percentage from the employee's ESMT screen is shown in the "percent full time" field on the report. For these employees, complete a One-Time Payment form with the pro-rated amount of the longevity payment due and forward to Betty Smith, Room 282, RSA Union Building, no later than **November 30, 2007**.

The pro-rated amount is calculated by multiplying the percentage shown in the "% full time" field on the ESMT by the amount of longevity payment the employee would have received had he been a full-time employee. For example, Employee A works 75% of the scheduled hours every semi-monthly pay period. He has 126 months in the longevity counter. His "percent full time" on the report shows .75. To calculate the amount due for Employee A, multiply \$400 x .75, which equals \$300.00. Complete a One-Time Payment form with \$300.00 as the amount due to the employee. The effective date for this payment is November 16, 2007.

The longevity payments due to full-time employees are as follows:

Less than 5 years total service (0-59 months)	\$ -0-
Completed 5 but less than 10 years total service (60-119 months)	300.00
Completed 10 but less than 15 years total service (120-179 months)	400.00
Completed 15 but less than 20 years total service (180-239 months)	500.00
Completed 20 but less than 25 years total service (240-299 months)	600.00
25 or more years total service (over 300 months)	700.00

For longevity payments, withholding taxes are deducted at a flat rate of 25% for Federal income tax and 3% for State income tax. Longevity payments are not subject to retirement. **The bonuses will be a separate check and will NOT be subject to direct deposit.** If you have any questions, please contact Jerry Turner at (334) 242-2188.

RLC:jt

Attachment

LONGEVITY
ONE TIME PAYMENTS (1PAY)

The completed form must be forwarded to **BETTY SMITH, ROOM 282, RSA UNION BUILDING, no later than NOVEMBER 30, 2007.**

Agency Number: 0 1 0 Payroll Number: 0 1 0 4

Employee Social Security Number: 1 2 3 - 4 5 - 6 7 8 9

Employee Name: _____ JOHN DOE _____

Reason for Adjustment: _____ 2007 LONGEVITY FOR PART-TIME EMPLOYEE _____

Effective Date: 1 1 / 1 6 / 0 7

Amount of Adjustment: \$ 300.00 _____

Authorized Departmental Approval: _____

Submitted By: _____

Phone #: _____

For State Personnel's Use Only:

State Personnel Approval: _____ N/A _____

Approved by: _____ N/A _____ Date: _____ / _____ / _____

For Comptroller's Use Only:

1PAY _____ STRG _____ BATCH _____ TAX _____ IDED _____

Processed by: _____ Date: _____ / _____ / _____

Verified by: _____ Date: _____ / _____ / _____

LONGEVITY

ONE TIME PAYMENTS (1PAY)

The completed form must be forwarded to **BETTY SMITH, ROOM 282, RSA UNION BUILDING, no later than NOVEMBER 30, 2007.**

Agency Number: _____ Payroll Number: _____

Employee Social Security Number: _____ - _____ - _____

Employee Name: _____

Reason for Adjustment: _____ 2007 LONGEVITY FOR PART-TIME EMPLOYEE _____

Effective Date: 1 1 / 1 6 / 0 7

Amount of Adjustment: \$ _____

Authorized Departmental Approval: _____

Submitted By: _____

Phone #: _____

For State Personnel's Use Only:
State Personnel Approval: _____ N/A _____
Approved by: _____ N/A _____ Date: _____ / _____ / _____

For Comptroller's Use Only:
1PAY _____ STRG _____ BATCH _____ TAX _____ IDED _____
Processed by: _____ Date: _____ / _____ / _____
Verified by: _____ Date: _____ / _____ / _____