



BOB RILEY
Governor

DRAYTON NABERS, JR.
Director of Finance

STATE OF ALABAMA
DEPARTMENT OF FINANCE
OFFICE OF THE STATE COMPTROLLER

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ROBERT L. CHILDREE
State Comptroller

January 24, 2003

MEMORANDUM

TO: CHIEF ACCOUNTANTS, PAYROLL CLERKS,
AND PERSONNEL OFFICERS

FROM: Robert L. Childree
State Comptroller

SUBJECT: Longevity Overtime

All employees who are "Non-Exempt" from the provisions of the Fair Labor Standards Act who were paid overtime at the time and a half rate during a calendar year and received a longevity bonus are eligible for longevity overtime pay. The Comptroller's Office has generated a listing for each agency showing all employees that were paid overtime at the time and a half rate and received a longevity bonus for 2002. The total overtime hours will be used by the agency to calculate the amount due each employee using the following procedures:

The amount of the additional overtime payment will be determined by multiplying the number of hours of overtime, times one and one half, times the hourly equivalent of the longevity bonus. For example, an employee with 6 years total service who had been paid for 78 hours of time and one half overtime would receive a check computed in this manner; $78 \times 1.5 \times 14 \text{ cents} = \16.38 . The 14 cents is derived by multiplying the number of pay periods, 26, times the number of hours in a pay period, 80, and dividing the bonus amount (\$300 in this instance) by this figure. If the additional overtime compensation due to the longevity bonus amounts to a gross sum of under \$10.00, then the amount can be considered "de minimis" and should not be paid.

Once an agency has determined the total amount due an employee, a one-time payment (1PAY) form must be completed and forwarded to Teresa Huggins, Room 282, RSA Union Building, **no later than March 3, 2003.** **IF YOUR AGENCY HAS OVER 100 EMPLOYEES RECEIVING LONGEVITY OVERTIME, PAYMENTS MUST BE PASSED TO THE COMPTROLLER'S OFFICE ON AN ELECTRONIC FILE. Please contact Mike Dennis at 242-2221 for file format information.** A sample form is attached. The longevity overtime payment will be included in the March 21, 2003 check.

Remember, this additional overtime payment is due to only those employees "Non-Exempt" from FLSA, who received a longevity bonus and who were paid time and one half overtime during the year. Employees paid overtime but who were "Exempt" under FLSA guidelines are not due additional overtime payments nor are "Non-Exempt" employees who were paid straight overtime.

If you have any questions, call Teresa Huggins at 242-2188.

Attachments
RLC/th

STATE OF ALABAMA

LONGEVITY OVERTIME ONE TIME PAYMENT (1PAY)

The completed form must be forwarded to **TERESA HUGGINS, ROOM 282, RSA UNION BUILDING, no later than MARCH 3, 2003.**

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

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

Employee Name: _____ JOHN DOE _____

Reason for Adjustment: _____ 2002 LONGEVITY OVERTIME _____

Effective Date for 1PAY: 0 3 / 0 1 / 0 3

Amount of Adjustment: \$ 16.38 _____

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 _____

Processed by: _____ Date: _____ / _____ / _____

Verified by: _____ Date: _____ / _____ / _____

STATE OF ALABAMA

LONGEVITY OVERTIME ONE TIME PAYMENT (1PAY)

The completed form must be forwarded to **TERESA HUGGINS, ROOM 282, RSA UNION BUILDING, no later than MARCH 3, 2003.**

Agency Number: _____ Payroll Number: _____

Employee Social Security Number: _____ - _____ - _____

Employee Name: _____

Reason for Adjustment: _____ 2002 LONGEVITY OVERTIME _____

Effective Date for 1PAY: 0 3 / 0 1 / 0 3

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 _____

Processed by: _____ Date: _____ / _____ / _____

Verified by: _____ Date: _____ / _____ / _____