

**STATE OF ALABAMA
ONE TIME PAYMENTS (1PAY)**

Complete this form only for raises or other pay rate changes not approved in time for regular payroll processing.

These adjustments will be approved and processed with the employee's next regular payroll warrant.

The completed form must be forwarded to TERESA HUGGINS, ROOM 282, RSA UNION BUILDING, no later than NOVEMBER 12, 2004.

Agency Number: _____ Payroll Number: _____

Employee Social Security Number: _____ - _____ - _____

Employee Name: _____

Reason for Adjustment: _____ 2004 LONGEVITY FOR PART-TIME EMPLOYEE _____

Pay Period End Date: 1 / 1 / 2 / 6 / 0 / 4

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: _____ / _____ / _____