



STATE OF ALABAMA
DEPARTMENT OF FINANCE
OFFICE OF THE STATE COMPTROLLER

RSA UNION
100 North Union Street, Suite 220
Montgomery, Alabama 36130-2602
Telephone (334) 242-7050
FAX (334) 242-2440

BOB RILEY
Governor

JAMES ALLEN MAIN
Director of Finance

ROBERT L. CHILDREE
State Comptroller

October 2, 2008

MEMORANDUM

TO: CHIEF ACCOUNTANTS, PAYROLL CLERKS,
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. **2008 LONGEVITY BONUSES WILL BE INCLUDED IN EMPLOYEES' NORMALLY SCHEDULED PAYROLL WARRANTS/EFT ADVICES FOR THE FIRST PAYDAY OF DECEMBER.** The payment date this year is December 1, 2008. In 2007, each department reported the number of months' eligible service through December 1, 2007, 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 with the last 4 digits of the 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, 2008 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: Stanja Bond, Room 282, RSA Union Building no later than **November 7, 2008**.

An employee on long leave without pay for **family medical leave** purposes is eligible for the longevity bonus. For these employees, complete a One-Time Payment form and submit to GHRS no later than **November 14, 2008** 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 7, 2008 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 November 20, 2008. If an employee WILL NOT BE in an active pay status on December 1, 2008, notify Stanja Bond (334-242-2188) by 9:00 AM on November 24, 2008. Payments for the longevity bonuses will be included in the employees' regular **warrants/EFT advices** and accounting entries will be processed in the payroll journal vouchers for the regularly scheduled semi-arrears and semi-monthly payrolls.

All **agency approved** longevity payments for employees on military leave without pay December 1, 2008 will be paid in the supplemental that will be run on December 4, 2008. A One-Time Payment form must be completed for these employees and forwarded to Stanja Bond, Room 282, RSA Union Building, no later than **November 24, 2008**. 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 Stanja Bond, Room 282, RSA Union Building, no later than **November 3, 2008**.

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 arrears 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 1, 2008.

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 included in the employees' December 1 payroll warrants/EFT advices and subject to direct deposit.** If you have any questions, please contact Jerry Turner at (334) 242-2188.

RLC:th

Attachment

LONGEVITY

ONE TIME PAYMENTS (1PAY)

The completed form must be forwarded to **STANJA BOND, ROOM 282, RSA UNION BUILDING, no later than NOVEMBER 3, 2008.**

Agency Number: _____ Payroll Number: _____

Employee Social Security Number: _____ - _____ - _____

Employee Name: _____

Reason for Adjustment: _____ 2008 LONGEVITY FOR PART-TIME EMPLOYEE _____

Effective Date: 1 1 / 0 1 / 0 8

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: _____ / _____ / _____