



HOUBRELY
Governor

JAMES ALLEN MAIN
Director of Finance

STATE OF ALABAMA
DEPARTMENT OF FINANCE
OFFICE OF THE STATE COMPTROLLER

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ROBERT L. CHILDREE
State Comptroller

January 15, 2009

MEMORANDUM

TO: CHIEF ACCOUNTANTS, PAYROLL,
AND PERSONNEL OFFICERS

FROM: Robert L. Childree *RLC*
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 listing all employees that were paid overtime at the time and a half rate and received a longevity bonus for 2008. 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 dividing the bonus amount (\$300 in this instance) by the number of standard work hours in the year (2080). 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 (IPAY) form must be completed and forwarded to Stanja Bond, Room 282, RSA Union Building, **no later than February 15, 2009**. A blank form is attached. The longevity overtime payment will be included in the **February 27, 2009 check**.

IF YOUR AGENCY HAS OVER 50 EMPLOYEES DUE LONGEVITY OVERTIME, PAYMENTS MUST BE PROVIDED TO THE COMPTROLLER'S OFFICE VIA ELECTRONIC FILE. Please contact Mike Dennis at (334)242-2221 for file format information.

If you have any questions or need additional information, contact Stanja Bond at (334) 242-2188.

Attachments
R1.C/jt

STATE OF ALABAMA

LONGEVITY OVERTIME ONE TIME PAYMENT (1PAY)

The completed form must be forwarded to **STANJA BOND, ROOM 282, RSA UNION BUILDING, no later than FEBRUARY 15, 2009.**

Agency Number: _____ Payroll Number: _____

Employee Social Security Number: _____ - _____ - _____

Employee Name: _____

Reason for Adjustment: _____ 2008 LONGEVITY OVERTIME _____

Effective Date for 1PAY: 0 2 / 0 1 / 0 9

Amount of Adjustment: \$ _____

Authorized Departmental Approval: _____

Submitted By: _____

Phone #: _____

For Comptroller's Use Only:

1PAY _____ STRG _____

Processed by: _____ Date: _____ / _____ / _____

Verified by: _____ Date: _____ / _____ / _____