



BOB RILEY  
Governor

JAMES ALLEN MAIN  
Director of Finance

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

ROBERT L. CHILDREE  
State Comptroller

January 20, 2006

**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 2005. 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 February 21, 2006.** **IF YOUR AGENCY HAS OVER 50 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 3, 2006 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 FEBRUARY 21, 2006.**

Agency Number: \_\_\_\_\_ Payroll Number: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Name: \_\_\_\_\_

Reason for Adjustment: \_\_\_\_\_ 2005 LONGEVITY OVERTIME \_\_\_\_\_

Effective Date for 1PAY: 0 2 / 0 4 / 0 6

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 FEBRUARY 21, 2006.**

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: \_\_\_\_\_ 2005 LONGEVITY OVERTIME \_\_\_\_\_

Effective Date for 1PAY:   0     2   /   0     4   /   0     6  

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_