**STATE OF ALABAMA**

# LONGEVITY OVERTIME ONE TIME PAYMENT (1PAY)

The completed form must be forwarded to State Comptroller’s Office, Attn: Payroll, Room 282, RSA Union Building, no later than FEBRUARY 12, 2024.

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

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

Employee Name:

Reason for Adjustment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023 LONGEVITY OVERTIME \_\_\_\_\_\_\_

Pay Type: LNGOT

Effective Date for 1PAY: 0 2 / 0 1 / 2 \_4\_\_

Amount of Adjustment: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Departmental Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Comptroller’s Use Only:**

**1PAY \_\_\_\_\_ STRG \_\_\_\_\_**

Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_