FI 19 07/2014 Division of Finance



Name

Employee Number

Dept. Name

Unit

Overtime Correction for Pay Period Ending

MM/DD/YYYY

Correction Effective for Pay Period Ending

MM/DD/YYYY

Retroactive Overtime Pay Worksheet

Instructions

Use this worksheet when overtime was not recorded in the payroll system and the period is no longer open for retro-active entry. The form will automatically calculate the overtime amount if the 'Required Information' is entered online. Otherwise, use the 'Formulas' to manually calculate the amount. If the employee was exempt from FLSA, enter the calculated amount from Line 3. OT @ Straight Time Pay (FLSA Exempt) into the payroll system. If the employee was not exempt from FLSA, enter the calculated amount from Line 5. OT @ Time & 1/2 Pay (FLSA Non-exempt) into the payroll system.

		he 'Overtime Period' in which the hours were worke mation is necessary to calculate the proper amoun				
Section 1 Overtime Amount						
Required Information	Amount	Calculations	Amount			
Overtime Hours Worked Not Paid		Base Pay for the OT Period				
All Hours Worked in OT Period*		2. OT Rate*** (Weighted Average Overtime Rate)				
Regular Rate of Pay in OT Period		3. OT @ Straight Time Pay (FLSA Exempt)				
Other Pay Items** in OT Period (See L	ist)·	4. OT @ Half Time Pay				
Sales : ay items are a residu (866 E		5. OT @ Time & 1/2 Pay (FLSA Non-exempt)				
		*** OT Rate is greater than the regular rate if 'Othe	er Pay' was paid			
		Formulas				
		1. Base Pay = Total Hrs Worked X Regular Pay Rate + Other Pa				
		2. OT Rate = Base Pay / Total Hours Worked				
Total Other Pay		3. OT Straight Time Pay = Regular Rate X OT Hou				
* Include paid and unpaid hours worke	ed	4. OT Half Time Pay = OT Rate X OT Hours Not Paid X 0.5				
**Do Not enter for FLSA exempt employees		5. OT Time & 1/2 Pay = OT Straight Time Pay + OT Half Time Pay				
List of Possible Other Pay Items:						
Education Workshop Earnings		Professional Development Pay				
Educational Assistance - Taxable		Private Vehicle / Commuting Allowance - Taxable				
Hazard Duty Pay		Property Rental - EE's Property Use				
Incentive Award		Public Safety - Dog Handler				
Leave Pay Market Incentive		Service Award				
Meeting Pay		Shift Differential Pay				
Miscellaneous Pay		Special Bonus Pay				
Moving Expense Reimbursement - Taxable		State Car Personal Use				
On-Call Pay	(abic	Weekends Worked Pay				
Cit-Cail Lay		Witness Pay - Public Safety				
Section 2 Signatures I have reviewed the above calculation A copy of this form will be placed in the	•	the amount of retroactive overtime pay is correct and so	should be paid.			
Signature Employee		Date				
Signature Manager		Date				

	calculation and agree that the amount of retroactive overtime pay is correct and should be pai laced in the employee personnel file.	d.
Signature Employee	Date	-
Signature Manager	Date	•
NOTE: DO NOT use this form fo a double payment will ou	r data entry if a Payroll Warrant Request, form FI 15, has been submitted for these hours. Otherwise, cur.	
Section 3 Data Entry	(Complete the data entry information below and enter into the Payroll Time & Attendance System	n)

Complete the data entry information below and enter into the rayroll rime a Attendance System).						C Cystern).			
WAGE TYPE	AMOUNT	FUND	DEPT	UNIT	APPR	ACTV	FUNCTION	PROGRAM	PHASE
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