Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

FI 19 09/2022 Division of Finance

Email completed forms to payroll@utah.gov For questions, call: (801) 957-7770

Section 1 Overtime Amount

Poquired Information



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.

The 'Required Information' in Section 1 pertains to the 'Overtime Period' in which the hours were worked. (Usually a seven day period beginning on Saturday) This information is necessary to calculate the proper amount of overtime pay.

required information	Aillouit	Calculations	Aillouit		
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 I	ist):	4. OT @ Half Time Pay			
ound it dy norms in or i oned (occi-	T	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 Ra	ate + Other Pay		
		2. OT Rate = Base Pay / Total Hours Worked	-		
Total Other Pay		3. OT Straight Time Pay = Regular Rate X OT Hou	ırs Not Paid		
* Include paid and unpaid hours worked		 4. OT Half Time Pay = OT Rate X OT Hours Not Paid X 0.5 5. OT Time & 1/2 Pay = OT Straight Time Pay + OT Half Time Pay 			
**Do Not enter for FLSA exempt employees					
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			

Se	ction	2	Signatures

payment will occur.

Section 3 Data Entry

Moving Expense Reimbursement - Taxable

Leave Pay

Meeting Pay

On-Call Pav

Market Incentive

Miscellaneous Pay

A copy of this form will be placed in the employee perso.	e amount of retroactive overtime pay is correct and should be paid. nnel file.
Signature Employee	Date
Supervisor Name	Title
Supervisor Signature	Date

Service Award

Shift Differential Pay

State Car Personal Use

Weekends Worked Pay

Witness Pay - Public Safety

Special Bonus Pay

Section	n 3 Data Entry	(Complete the data entry information below and enter into the Payroll Time & Attendance System)							
WAGE TYPE	AMOUNT	FUND	DEPT	UNIT	APPR	ACTV	FUNCTION	PROGRAM	PHASE