FI 19
07/2018
Division of Finance

Clear Form

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.**

## Section 1 Overtime Amount

| Required Information | Amount |
|---|---|
| Overtime Hours Worked Not Paid | |
| All Hours Worked in OT Period* | |
| Regular Rate of Pay in OT Period | $0.00 |
| Other Pay Items** in OT Period (See List): | |
| | $0.00 |
| | $0.00 |
| | $0.00 |
| | $0.00 |
| | $0.00 |
| Total Other Pay | $0.00 |

* Include paid and unpaid hours worked
**Do Not enter for FLSA exempt employees

| Calculations | Amount |
|---|---|
| 1. Base Pay for the OT Period | $0.00 |
| 2. OT Rate*** (Weighted Average Overtime Rate) | $0.00 |
| **3. OT @ Straight Time Pay (FLSA Exempt)** | $0.00 |
| 4. OT @ Half Time Pay | $0.00 |
| **5. OT @ Time & 1/2 Pay (FLSA Non-exempt)** | $0.00 |

*** OT Rate is greater than the regular rate if 'Other Pay' was paid

**Formulas**

1. Base Pay = Total Hrs Worked X Regular Pay Rate + Other Pay
2. OT Rate = Base Pay / Total Hours Worked
3. OT Straight Time Pay = Regular Rate X OT Hours Not Paid
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

**List of Possible Other Pay Items:**

Education Workshop Earnings
Educational Assistance - Taxable
Hazard Duty Pay
Incentive Award
Leave Pay
Market Incentive
Meeting Pay
Miscellaneous Pay
Moving Expense Reimbursement - Taxable
On-Call Pay
Professional Development Pay
Private Vehicle / Commuting Allowance - Taxable
Property Rental - EE's Property Use
Public Safety - Dog Handler
Service Award
Shift Differential Pay
Special Bonus Pay
State Car Personal Use
Weekends Worked Pay
Witness Pay - Public Safety

## Section 2 Signatures

*I have reviewed the above calculation and agree that the amount of retroactive overtime pay is correct and should be paid. A copy of this form will be placed in the employee personnel file.*

Signature Employee _____ Date _____

Signature Manager _____ Date _____

**NOTE: DO NOT use this form for data entry if a Payroll Warrant Request, form FI 15, has been submitted for these hours. Otherwise, a double payment will occur.**

## Section 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1178 | | | | | | | | | |
| 1178 | | | | | | | | | |
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