

## Payroll Correction Payment Request Form

This form may be used for restoring annual leave and/or back wages owed following a non-disciplinary suspension in accordance with the DOP Administrative Rule and back wage amounts due to reallocation, salary adjustment, or resulting from verified work time which was not paid.

Back wages owed due to reallocation, salary adjustment, or resulting from verified work time which was not paid must have occurred within the last twelve (12) months AND be under \$5000. Restoration of annual leave and/or back wages owed following a non-disciplinary suspension in accordance with the DOP Administrative Rule are not subject to the twelve (12) month/\$5000 cap.

This form may not be used when a former employee is being reinstated from a dismissal, resignation in lieu of dismissal, for payment of back wages for exempt and temporary employment, or when applicants work prior to appropriate approvals for employment or promotion.

Section 1: General Employee Information											
1.1. Employee Name:	Last:				First:				M I:		
1.2. wvOASIS ID:	1.3. ORG/Unit Number:										
Section 2: Payroll Er	ror Inforr	nation									
2.1. Why is the payroll correction needed?	□ Annual Leave    □ Sick Leave     □ Court Order     □ Holiday Pay/Holiday Bank Taken     □ Increase Not Entered Upon Return     □ Increment Error				□ Non-Disciplinary Suspension       □ Salary         □ On-Call       □ Shift I         □ Overtime Pay       □ Shift I         □ Pay Differential       □ Temp			Retention I Salary Adju Shift Differe Shift Differe Temporary Other	Adjustment Not Entered Timely ifferential ifferential OT		
2.2. Provide Explana	tion and	other Pertinent Inforr	nation He	re.							
Section 3: wvOASIS	Transacti	on Information									
3.1. Beginning Date Event	_		3.2. Ending Date of Event				3.3. Annual Increment				
3.4. REG Hrs Worke	orked 3.			Hrs Paid		3.6. REG Hrs Owed					
3.7. OT Hrs Worked		3.8. OT Hrs Paid				wed					
3.10. AL Hrs Taken			3.11. AL Hrs Paid				3.12. AL Hrs Owed				
3.13. SL Hrs Taken		3.14. SL Hrs Paid				3.15. SL Hrs Owed					
3.16. HOL/HBT Hrs Taken	-			3.17. HOL/HBT Hrs Paid			3.18. HOL/HBT Hrs Owed				
3.19. Shift Diff Hrs Worked	ft Diff Hrs 3.20. Shift Diff H			ift Diff Hrs			3.21. Shift Di Owed	ff Hrs			
		3.23. Shi Hrs Paid	ift Diff OT			3.24. Shift Diff OT Hrs Owed					

3.25. On-Call Worked		3.26.	On-Call Paid			3.27. On-Call Owed			
3.28. Effective Date of Salary Change	F	3.29. Detailed Reason for Salary Change		Documen	t in 2.2.	3.30. State Personnel Board Proposal Number			
3.31. Beginning Rate of Pay		3.32. Pay	Ending Rate of			3.33. Increment Amount (only provide if OT was entered in 3.8. or Increment Error in 2.1.)			
3.34. Total Amount Due		3.35. Paid	Total Amount		3.36. Total Amount Owed				
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Section 4: Reallocations									
Phase 1	4.1. Date Spv. Signed PD		4.2. Date DOP Rec'd PD		4.3. # Days of Delay Past 45		4.4. Amount Due		
Phase 2	4.5. Date DOP Rec'd PD		4.6. Date DOP Returned Determination to Agency:		4.7. # Days of Delay Past 60		4.8. Amount Due		
Phase 3	4.9. Date DOP Returned Determination to Agency:		4.10. Date of Personnel Transaction to Reallocate the position		4.11. # Days of Delay after 30 Day Processing Period		4.12. Amount Due		
Appeal	4.13. Date DOP Returned Ir Classification Determinatio Agency:	4.14. Effective Personnel Tra				4.15. Amount Due			
					4.16. Reallocation Amount Due				
	4.17. Interest (Suspension (			4.18. Tota	l Back Wages Due				
Required Attachments: Back wage calculations and UKG timecard reflecting the incorrect and corrected time. Grievance form/Court Order or Docket #. Any changes or written amounts must be initialed by the supervisor and employee. Non-Disciplinary suspension events must include details regarding restoration of annual leave, other discipline imposed, and any wages mitigated by other earnings received during the period of the non-disciplinary suspension. Other documents as required by DOP and/or the WVSAO.									
Section 5: Agency Aut	horization and Other Approv	als:							
5.1. Employee	Print:		Signatu	re:			Date:		
5.2. Appointing Authority Approval:	Print:	Signatu	re:	Date:					
5.3. Agency Counsel:	Print:	Signatu	re:	Date:					
5.4. Grievant/EE Representative, if applicable:	Print:			re:	Date:				
Approved as to compliance with the Division of Personnel's law, rules, and policies (not applicable to temporary employees)									
5.5. Director of Personnel:	Sheryl R. We	Signatu	re:	Date:					

Personnel: