



(For backpay amounts that have occurred within the last six months AND are less than or equal to \$500)

Section 1: General Employee Information									
1a. Employee Name:									
<i>Last</i>			<i>First</i>				<i>Middle Initial</i>		
1b. wvOASIS ID:			1c. ORG/Agency Number:						
Section 2: Payroll Error Information									
2a. Why is the payroll correction needed? <i>(Unless you select Court Order or Other, you may skip ahead to Section 3)</i>									
<input type="checkbox"/> Salary adjustment not entered timely			<input type="checkbox"/> Increase not entered upon return			<input type="checkbox"/> Holiday Pay			
<input type="checkbox"/> Increment Error			<input type="checkbox"/> Annual Leave			<input type="checkbox"/> Overtime Pay			
<input type="checkbox"/> Pay Differential			<input type="checkbox"/> Shift Differential			<input type="checkbox"/> Level 3 Decision (please fill out 2b below)			
<input type="checkbox"/> Court Order (please fill out 2b below)									
<input type="checkbox"/> Other (please fill out 2c below)									
2b. If you selected "Court Order" or "Level 3 Decision" was interest included? <i>(Attach Court Order or Level 3 Decision)</i>									
<input type="checkbox"/> Yes					<input type="checkbox"/> No				
2c. If you selected "Other" put your narrative rationale here.									
Section 3: wvOASIS Transaction Information									
3a. Beginning Date of Error:					3b. Ending Date of Error:				
3c. Total Regular Hours Owed:			3d. Holiday Owed:		3e. Sick Used:		3f. Annual Used:		
3g. Did the employee work overtime during the error period? <i>(If yes, fill in the amount in field 3h. If no, skip to 3i.)</i>					<input type="checkbox"/> Yes		3h. Total Overtime Hours Worked:		
<input type="checkbox"/> No									
3i. Increment Amount: <i>(Provide only if the employee worked overtime in 3h OR if you selected "Increment Error" in 2a)</i>									
3j. Beginning Rate of Pay:					3k. Adjusted Rate of Pay:				
3l. Backpay Amount:									
Required Attachments: Backpay calculations and Kronos time card reflecting the incorrect and corrected time. Any changes or written amounts must be initialed by the supervisor and employee. Payments may not be split to avoid the requirement for a settlement agreement.									
Section 4: Agency Authorization and Approvals									
4a. Prepared By (Print):					Signature:			Date:	
4b. Approved By (Print):					Signature:			Date:	
4c. Employee (Print):					Signature:			Date:	
Approved as to compliance with the Division of Personnel's law, rules and policies									
4d. Director of Personnel (Print):					Signature:			Date:	
Section 5: Verification of Entry into System									
5a. Entered into System by Name:								Date:	