ADMINISTRATIVE PROCEDURES

Procedure Number: 23-45
Effective Date: 09/08/2011
Revision Date: 08/13/2014

C. Dalkelberry
County Administrator

SUBJECT: **INVESTIGATION OF UNPAID WAGES**

DEPARTMENT RESPONSIBLE: **Human Resources Department**

I. STATEMENT

To ensure compliance with the Fair Labor Standards Act (FLSA) and Pima County policies, and to protect the County from damages that could be levied from non-payment of wages owed to an employee, this procedure describes the steps to follow when an employee is seeking recovery of unpaid back-pay and/or overtime wages.

II. PROCEDURE

A. An employee who is on the payroll and fails to amend his/her time worked record within two pay periods after the pay period(s) in which the employee worked and who alleges he or she was not properly paid in full shall submit to the Appointing Authority, through his/her supervisor, a completed Request for Wage Adjustment Form (Attachment 1). The Appointing Authority will forward the form to the Human Resources Director.

B. Upon receipt of the completed Request for Wage Adjustment Form, Human Resources Employment Rights (ER), in conjunction with the employee's department, will conduct an investigation into the validity of the claim. Employees will be required to provide any supporting documentation such as, but not limited to, time and attendance records and correspondence from their department. ER will examine the employee's time worked records for the applicable time periods.

C. If it is determined that back wages and/or overtime wages are owed to the employee, Human Resources will make a determination as to the dollar amount owed and, for amounts equal to or greater than one thousand dollars ($1,000.00), shall prepare a confidential settlement agreement.

D. For amounts owed greater than or equal to one thousand dollars ($1,000.00) and upon written direction from the County Administrator, Finance and Risk Management Payroll staff will process a payment less all required deductions and deliver the paycard and deduction documentation to the Human Resources Director. The paycard will be presented to the employee upon the signing of the confidential settlement agreement. The confidential settlement agreement requires the signatures of the Appointing Authority, the employee, and when applicable, the employee's spouse.

E. For amounts owed less than one thousand dollars ($1,000.00) and upon written request of the Human Resources Director, Finance and Risk Management Payroll staff will process a payment less all required deductions and deliver the paycard and deduction documentation to the Human Resources Director. The paycard will be presented to the employee by Human Resources staff and the investigation will be closed.

III. RESPONSIBILITY

A. All non-exempt employees are responsible for accurately recording their daily work time in accordance with County policies and procedures.

B. All departments are responsible for ensuring that non-exempt employees accurately record their daily work time in accordance with County policies and procedures.

C. Human Resources is responsible for providing guidance and interpretation of the Merit System Rules, Personnel Policies and this Administrative Procedure, as well as conducting thorough and timely investigations into all wage and hour violations to ensure employees are compensated for hours worked. Human Resources staff shall conduct the settlement process with employees pursuant to these procedures.

D. The Finance and Risk Management Department, following normal procedures, is responsible for processing a paycard for the employee. The amount of the paycard will reflect required deductions from the gross wages owed to the employee. The paycard will be delivered to the Human Resources Director and shall not be delivered directly to the employee.

References: Fair Labor Standards Act
Board of Supervisors Policy D 23-17
Personnel Policies 8-102 and 8-104
Administrative Procedures 22-16 and 23-40

ATTACHMENT 1

PIMA COUNTY
REQUEST FOR WAGE ADJUSTMENT FORM

EMPLOYEE:	DATE:	
EIN:	DEPARTMENT:	DIVISION:

I am requesting an adjustment in my wages for the following reason(s):

_____

_____

_____

The date(s) for which I am requesting an adjustment are:

_____

The supporting document(s) that I am attaching to this request is(are):

_____

_____

_____

I hereby certify that the information contained on this form is true, correct, and complete to the best of my knowledge. I am aware that, should an investigation at any time disclose misrepresentation or falsification, I may be subject to discipline up to and including dismissal. I also understand that, if a settlement agreement is warranted, I may be subject to discipline up to including dismissal if I violate the conditions set out in the confidential settlement agreement.

I authorize Pima County to make all necessary and appropriate investigations to verify the information contained herein.

_____
Employee's Signature

Supervisor's Comments:

_____

_____

_____
Supervisor's Signature

_____
Appointing Authority's Signature

Original: Human Resources Employment Rights ***Copy: Employee***