



ADMINISTRATIVE PROCEDURES

Procedure Number: 23-45
Effective Date: 09/08/2011
Revision Date: 05/04/2017

C. DeLubian

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 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, ER will present all available supporting pay information to Finance and Risk Management Payroll staff for calculation of wages owed and processing of payment.
- D. For amounts owed greater than or equal to five thousand dollars (\$5,000.00) 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 an Earnings & Deduction Statement to the Human Resources Director. ER shall prepare a confidential settlement agreement and 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.

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- E. For amounts owed less than five thousand dollars (\$5,000.00) 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 an Earnings & Deduction Statement to the Human Resources Director. The payment will be included in the employee's next pay and reflected as "Other Earnings". ER shall confirm with the employee that payment has been received 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 payment for the employee. The amount of the payment will reflect required deductions from the gross wages owed to the employee. Any paycard issued when the amount owed is greater than or equal to five thousand dollars (\$5,000.00) will be delivered to the Human Resources Director and shall not be delivered directly to the employee.
- E. This procedure does not take the place of the Notice of Paycheck Error (NOPE) form used to correct errors in an employee's earnings computation.

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