

Overtime Certification Request for 120/125% Limitation Review
Teachers' Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Member SSN

	your office provides cer	tification through sep	arate PDF or Excel do	cuments, please include	e all information requested on this form.
Member nformation	Name				
	Requesting TRS Counselor				
	PID (optional)				
Fair Labor Standards Act Eligibility and Overtime	Please select the classification that applies to this member.				
	☐ This member is exempt from the Fair Labor Standards Act. If you select this box, you do not need to complete the salary certification requested below.				
	☐ This member is non-exempt, <u>but has not been paid overtime wages at the rate of time and a half.</u> If you select this box, <u>you do not</u> need to complete the salary certification requested below.				
	☐ This member is non-exempt, and has been paid overtime wages at the rate of time and a half. If you select this box, please complete the salary certification below.				
Salary Certification If your employee earns overtime at the rate of time and a half, those wages must be reported	Please certify wages per each requested scholastic year (July 1 - June 30).				
	Regular Pay is base wages including straight/gap time, shift differential pay, call-back pay, paid leave (not taken as lump sum), and other related pensionable compensation Overtime Pay is wages earned in accordance with FLSA at the rate of time and a half for working more than 40 hours per week				
	Lump Sum/Longevity Pay is Scholastic Year	pensionable bonuses and	other one-time payments	s, wages for coaching, labs,	or any time worked outside the members's normal contra
with the "overtime" payment reason through	July 1 - June 30	Regular Pay	Overtime Pay	Longevity Pay	(Nurse, Maintenance, Clerical, etc.)
Employer Self-Service.					
Employer Certification	I certify the information above is true and correct according to the records in this office.				
	Name and TitlePlease Print				
	Name of Agency Full name, no initials please				
	Full name, no initials please Telephone Number				
Sign Here → Certifying Official	Signature Date				