Premium Pay - Biweekly Pay Cap Projection

|  |  |
| --- | --- |
| Employee Name: |  |
| Position Title, Series, Grade: |  |
| Agency/Office: |  |
| Type of Emergency (Fire, Flood, etc.) |  |
| Nature of Work to be Performed: |  |

The following information is as of the end of pay period Click or tap here to enter text.
which covers Click or tap here to enter text. (date) through Click or tap here to enter text. (date):

Current Base Salary: Click or tap here to enter text.
(includes locality-based comparability pay, and/or special salary rate)

|  |  |
| --- | --- |
| Applicable Biweekly Pay Cap: |  |
| Applicable Annual Pay Cap: |  |

**A.** Dollar amount of projected annual base salary if less than either the greater of the biweekly rate payable for a GS-15/10 or Level V of the Executive Schedule (include any projected increase/decrease in base salary, e.g., locality, within-grade, promotion, general increase, change to lower grade, etc.):

$ Click or tap here to enter text.

**B.** Dollar amount of annual base salary received to date (beginning with pay period 25 or 26 through end of the current pay period): $ Click or tap here to enter text.

**C.** Annual base salary remaining to be paid in current calendar year (A minus B): $ Click or tap here to enter text.

**D.** Total amount of premium pay received to date in current calendar year:

Type Total

|  |  |
| --- | --- |
| Sun-day Differential |  |
| Sunday Diff w/Night Diff |  |
| Night Differential |  |
| Overtime over 8 |  |
| Overtime over 40 |  |
| OT over 40 w/Night Diff |  |
| OT over 8 w/Night Diff |  |
| Overtime Call-back |  |
| Holiday Worked |  |
| Compensatory Time |  |
| FLSA |  |
| AUO/Standby/Availability |  |

$ Click or tap here to enter text.

**E.** Total annual base salary and premium pay received to date and base salary left to be paid in the remainder of the calendar year (B plus C plus D): $ Click or tap here to enter text.

 **F.** Total amount available for premium pay of any type for the remainder of the current calendar year (annual pay cap minus E): $ Click or tap here to enter text.

CERTIFICATION: I certify that the above figures are correct to the best of my knowledge. I understand that any increases or decreases in my base salary or premium pay entitlements may increase or decrease the amount of additional premium pay I can earn in the remainder of the current calendar year. I also understand that the total of base salary and premium pay I receive may not exceed the greater of the annual rate of basic pay for a GS-15/10 or Level V of the Executive Schedule, in a calendar year. Consequently, if the total of base salary and premium pay I receive at the end of the calendar year exceeds the greater of the annual rate of basic pay of a GS-15/step 10 or Level V of the Executive Schedule, any excess premium pay becomes an overpayment regardless of whether some or all of it was performed in conjunction with an emergency. The amount of the overpayment will be recouped, regardless of administrative error or oversight in the computation above. This statement constitutes evidence of my knowledge of the applicable biweekly and annual pay cap and my responsibility for monitoring premium pay to ensure that premium pay does not exceed the appropriate pay cap. I do not abrogate my right to request a waiver of any overpayment; however, a waiver of overpayment is not likely to be granted as a result of my certification of this statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.
Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.
First level supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.
Second level supervisor Date