

NOTICE OF BACK PAY AWARD

**TO: ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36130
ATTN: BENEFIT PAYMENT CONTROL**

_____ NAME OF RECIPIENT OF BACK PAY AWARD _____ SOCIAL SECURITY NUMBER

EMPLOYER ACCOUNT NUMBER

The above named individual will receive a back pay

award in the amount of \$ _____

for the period from _____ to _____

The award should be distributed to weeks and in the weekly amounts shown below. (A week ends on Saturday)

Type or print the name, address, and account number in the space above as it appears on your wage report.

Section 25-4-78 (6) of the Alabama UC Law requires that employer to give notice of the award of any retroactive payment of wages prior to making payment of any amount to the employee. Any payment of unemployment benefits paid during any weeks back pay is received or due to be received, will constitute an overpayment of benefits; as the employee will be deemed not unemployed. The amount determined to be overpaid must be paid by the employer prior to making payment to the employee. If the back pay awarded is the result of a National Labor Relations Board or Title VII employment discrimination award, an overpayment will be established and action will be initiated by the Agency to collect the overpayment from the individual.

This notice is to be prepared by the employer when it is determined that an employee or former employee is to be awarded back pay. The notice must be forwarded to the Alabama Department of Labor prior to payment of the award. Upon receipt of this notice, the Agency will notify the employer of overpayment. The deduction is then to be made and promptly forwarded to this Department, attached to a copy of the Certified Notice.

The appropriate Experience Rate Charges and/or Benefit Cost will be removed from the employer's account in the quarter in which such amounts are received by this Agency.

Section 25-4-16 of the Law requires all wages, including dismissal or separation allowances, or back pay awards, to be reported by the employer for the calendar quarter during which the payment is made. The gross amount, before any deduction for any reason, is to be reported.

Week Ending Date	Amount

If more space is needed, use additional sheets.

<p>THIS SPACE IS FOR ALABAMA DEPARTMENT OF LABOR USE.</p> <p>CERTIFICATION OF AMOUNT OF OVERPAYMENT</p> <p>From an examination of the record of benefit payments to the above name individual, it has been determined that, during the period covered by the back pay award, an overpayment of \$ _____ was made. This amount should be deducted from the back pay award.</p> <p>Alabama Unemployment Compensation Agency</p> <p>By _____ Date _____</p> <p>RETURN ONE COPY OF THIS CERTIFICATION WITH REMITTANCE.</p>

QUARTER IN WHICH BACK PAY IS TO BE REPORTED. _____

SIGNATURE OF PERSON PREPARING FORM

Signed _____

Title _____

Date _____