
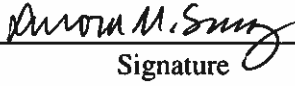




<p align="center"><b>GUAM POWER AUTHORITY STANDARD OPERATING PROCEDURE</b></p>	<p>Prepared by:   / <u>Melly E. Rosario</u>  Signature / Print  Payroll Supervisor</p>
<p><b>TITLE:</b>  <b>*SPECIAL PAYMENT PAYROLL  REQUESTS</b></p>	<p>Reviewed by:   / <u>Lenora M. Sanz</u>  Signature / Print  Controller</p>
<p><b>NO: SOP -045</b>   Supersedes: SOP - 045 Dated: January 1, 2003</p>	<p>Concurred by:   / <u>John J. E. Kim</u>  Signature / Print  Chief Financial Officer</p>
<p><b>Page 1 of 7</b></p>	<p>Approved:  <u>3/12/21</u>  John M. Benavente (P.E) General Manager / Dated</p>

**\*1.0 Purpose**

To provide a means for employees to obtain an "Advanced" pay check or other Special payments. These payments are processed through a special interim payroll run for extenuating circumstances. These include, but are not limited to Emergency medical events, Compensatory time cash out, Leave Sharing payout, Funeral, Off-island travel, Resignations, Terminations, Retirements, and or other legitimate reasons.

**\*2.0 Scope**

This policy shall apply to all employees of the Guam Power Authority, including Apprentices and other temporary employees.

**3.0 Requirements**

- \*3.1 All requests for Advanced/Special payments (Exhibit A) must be made in writing addressed to the General Manager or designee.
- \*3.2 Supporting documentation (i.e., Manual timesheets (Exhibit B), Leave Form (Exhibit C), Overtime Justification (Exhibit D), and JDE entry (Exhibit E) must all be approved and attached to the Advanced/Special payment request letter.
- #3.3 All documentation must be an **ORIGINAL**, completed and signed by the Employee's immediate supervisor and or Division Manager; approved by the General Manager or designee prior to submission to Payroll, Finance Division. The requesting employee or their Authorized Agent is responsible for obtaining the required signatures.

#### #4.0 **Process**

The employee must submit a memorandum similar to Exhibit A to the General Manager or designee for an Advanced/Special payment request. At minimum, the request should include the following information:

- Employee Name & Payroll ID number
- Pay period(s) to be included in the payment
- Date requested for payment to be made
- Justification for Advanced/ Special pay
- Employee Signature
- // Approve // Disapproved (See Section 5.1)

- 4.1 All approved documents are to be submitted to the Payroll Office for processing no later than the close of business on Friday of the second payroll week to be included in the next regular payroll run or no later than two (2) days prior to requested check issuance date.
- 4.2 All requests for Compensatory Time Cash Out will be processed on the next regular payroll run.
- 4.3 All special payment requests that do not indicate an expedited check issuance date will be processed for the next pay period.
- 4.4 If the advanced pay date request is prior to the end of the current pay period, the employee must sign for annual leave for the number of hours until the end of the pay period. After the end of the pay period, a request must be submitted for the reversal of annual leave taken that was actually worked by the employee. A manual timesheet (Exhibit B) should be submitted to Payroll Office for reversal.
- 4.5 Upon the completion of the Advanced/Special Payment check processing procedures, the Payroll Office shall contact the employee for check disbursement.

#### \*5.0 **AUTHORITY**

- 5.1 The General Manager or designee is the approving authority on all Advanced/Special Payment checks.

*DISTRIBUTION: A, B, & C*

**Memorandum**

TO: General Manager

FROM: (Employee Name)

VIA: (Name of Supervisor / Division Manager), (His / Her Initial (here))

SUBJECT: Request for Advance /Special Payment Check

This is to request an Advance/Special Payment Check for Pay Period ending (Date/Month/Year) required for financial expenditures for an upcoming off island family vacation planned during the (Month – Year).

Attached are the original pertinent documents required for the aforementioned payment process. If approved, I am requesting that my payroll check be made available no later than (Day/Month/Year).

Your favorable consideration to this matter is greatly appreciated. Thank you.

**Employee Signature**

[ ] Approved [ ] Disapproved

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General Manager

RUN DATE=  
RUN TIME=

GUAM POWER AUTHORITY  
WEEKLY TIME AND LABOR DISTRIBUTION

REPORT NO= PRSR001

**EXHIBIT B-SOP-045 SPECIAL PAYMENT  
PAYROLL REQUESTS**

DEPT NO = 4  
PAY NO = 000

EMP NAME= John Doe  
POSITION= Utility Payroll Clerk

WEEK/MONTH ENDING= 3.20.21  
PAY PERIOD ENDING= 3.30.21

REG RATE =  
SOC SEC =

DAYS	SUN 3.07.2021	MON 3.08.2021	TUE 3.09.2021	WED 3.10.2021	THU 3.11.2021	FRI 3.12.2021	SAT 3.13.2021	CTA CTO
AL BAL=	IN =	IN =	IN =	IN =	IN =	IN =	IN =	HOLIDAY
SL BAL=	OUT=	OUT=	OUT=	OUT=	OUT=	OUT=	OUT=	
CT B=	IN =	IN =	IN =	IN =	IN =	IN =	IN =	
LEAVE, HOL	OUT=	OUT=	OUT=	OUT=	OUT=	OUT=	OUT=	
CT, & CTO								A/L I S/L I
LABOR DIST	RG OT ND	RG OT ND	RG OT ND	RG OT ND	RG OT ND	RG OT ND	RG OT ND	RG OT ND
EQUIP LICNO								0 0 0
EQUIP LICNO								0 0 0
EQUIP LICNO								0 0 0
EQUIP LICNO								0 0 0
EQUIP LICNO								0 0 0
EQUIP LICNO								0 0 0
EQUIP LICNO								0 0 0
EQUIP LICNO								0 0 0
FERC=								0 0 0
JO =								0 0 0
EQUIP LICNO								0 0 0
FERC=								0 0 0
JO =								0 0 0
EQUIP LICNO								0 0 0
DAILY TIME								0 0 0
TOTALS	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
REG=	0	OT=	0	ND=	0	INCR(BASE)=\$	INCR(N-BASE)=\$	TOTALS

TIMEKEEPER SIG \_\_\_\_\_ EMPLOYEE SIG \_\_\_\_\_ MANAGER SIG \_\_\_\_\_

**LEAVE APPLICATION**  
PCN 2-0-1 (REV. 12-62)

**EXHIBIT C - SOP 045 - Special Payment  
Payroll Requests**

NAME (First, middle, last) <b>Jane Doe</b>		PAYROLL NO. <b>99999</b>	DATE THIS REQUEST <b>04.12.2021</b>
TYPE OF LEAVE REQUESTED <input type="checkbox"/> SICK <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> MATERNITY <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> MILITARY <input type="checkbox"/> JURY <input type="checkbox"/> OTHER			
PAY STATUS <input checked="" type="checkbox"/> W/PAY <input type="checkbox"/> W/O PAY <input type="checkbox"/> COMBINATION		HOURS W/PAY <b>1</b> WITHOUT PAY	TOTAL NO. OF HRS. <b>01</b>
FROM (Hour, Month, Day, Year) <b>04.12.2021 1600 Hrs.</b>		TO (Hour, Month, Day, Year) <b>04.12.2021 1700 Hrs.</b>	CHARGE ALLOTMENT ACCOUNT NO
ADDRESS WHILE ON LEAVE <b>Home</b>			

**APPLICATION FOR PREPAYMENT OF VACATION LEAVE**

Minimum requirement is no less than ten (10) consecutive work days. It is understood that if I return to duty before the expiration of my prepaid vacation, I shall reimburse the Government in an amount equivalent to the unexpired portion of the prepaid leave

FROM (Hour, Month, Day, Year)	TO (Hour, Month, Day, Year)	TOTAL HOURS PREPAID
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**SICK LEAVE CERTIFICATION**

In compliance with Personnel Rules and Regulations, government of Guam, if an employee is absent because of illness, injury or quarantine in excess of two consecutive days, or for the day immediately before or after a holiday, weekend, day off or vacation, or while on vacation, to be granted sick leave he shall be required to furnish a certification as to the incapacity from a regularly licensed physician. The Department Head may require certification for such other period of

illness he deem advisable. If the certification required is furnished, all absence which would have been covered by such certification shall be indicated on the payroll as leave absence WITHOUT PAY.

Sick leave taken for trivial indispositions, or falsification of an illness report shall be considered sufficient cause for DISMISSAL from the permanent service.

I CERTIFY THE ABOVE NAMED PERSON WAS UNDER MY PROFESSIONAL CARE OR QUARANTINED DURING THE PERIOD BELOW, FROM A MEDICAL STANDPOINT. HIS CONDITION DURING THIS PERIOD WAS SUCH THAT I CONSIDERED IT INADVISABLE FOR HIM TO REPORT FOR WORK.

FROM (Hour, Month, Day, Year)	TO (Hour, Month, Day, Year)	HOSPITALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. DAYS
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REMARKS

NAME OF PHYSICIAN (Print or Type)	(Signature of Physician)
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(Signature of Employee)

I CERTIFY ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT

(Signature of Supervisor)

☐ APPROVED    ☐ DISAPPROVED

☐ APPROVED    ☐ DISAPPROVED

**EXHIBIT D / SOP-045  
SPECIAL PAYMENT  
PAYROLL REQUESTS**

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Eff. 3/12/21

**GUAM POWER AUTHORITY  
ILEKTRISDAN GUAHAN  
OVERTIME/COMPTIME REQUEST**

<b>DATE:</b> 4/12/2011		<b>DEPT. NUMBER</b> 43000
<b>OVERTIME</b>	XXXXXXXXXX	
<b>COMPTIME</b>	XXXXXXXXXX	
<b>Reg/Hol</b>	XXXXXXXXXX	

<b>DIVISION:</b> FINANCE	<b>DEPARTMENT:</b> ACCOUNTING	<b>SECTION:</b> Payroll
<b>WORK ORDER NO.</b>	<b>JOB ORDER NUMBER</b> 43000.920000.01	<b>DATE (OT/CTO)</b> 04/10/2011 - 4/16/2011

**JUSTIFICATION:**

Processing of documents, (i.e., Personnel Actions, Increments, Detail appointment pay, Promotions, etc.) for Pay Period Ending April 12, 2011.

Review weekly timesheets and make necessary follow-ups on missing documents for payroll processing

Process Personnel Actions for General Pay Plan conversion and pay adjustments received after completion of normal payroll processing. Update Employee Leave records required for annual Audit reporting.

EMPLOYEE NAME	TITLE	OVERTIME TYPE	PAY RANGE & STEP	HOURLY RATE	OT RATE	NO. HOURS	AMOUNT	EXTENDED CTO HOURS
Jane Doe	Payroll Clerk	NE	F-02	\$7.50		1	\$7.50	PC-3
Jane Doe	Payroll Clerk	NE	F-02	\$7.50	\$11.25	3	\$33.75	OT
Jane Doe	Payroll Clerk	NE	F-02	\$7.50		2		3
<b>TOTALS</b>						<b>6</b>	<b>\$41.25</b>	<b>3</b>

<b>EMPLOYEE STATUS</b> (C) Classified (UC) Unclassified (PT) Part-time (T) Temporary (LT) Limited Term	<b>OVERTIME TYPE</b> (E) Exempt (NE) Non-Exempt	<b>REMARKS:</b>
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<b>REQUESTED BY:</b> (Signature Required) Supervisor	<b>DATE</b>	<b>CONCURRED BY:</b> (Signature Required) Controller	<b>DATE</b>
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<b>BUDGET CERTIFICATION:</b> <input type="checkbox"/> Within Budget <input type="checkbox"/> Beyond Budget	<b>APPROVED BY:</b> (Signature Required) General Manager	<b>DATE</b>
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Payroll  
Advance  
Detail by Person

Page 1  
Date 04/13/11

Employee Number	Employee Name	Pay Code	Pay Type Description	Account Number	Hours Worked	Work Date	Gross Pay	User ID	Sub- ledger	Sub Type
21961	John Doe	1	Regular Hrs	43000.920000.01	8.00	04/11/11	199.12	Jane Doe		
21961	John Doe	1	Regular Hrs	43000.920000.01	7.00	04/12/11	174.23	Jane Doe		
21961	John Doe	1	Regular Hrs	43000.920000.01	8.00	04/13/11	199.12	Jane Doe		
21961	John Doe	1	Regular Hrs	43000.920000.01	8.00	04/14/11	199.12	Jane Doe		
21961	John Doe	1	Regular Hrs	43000.920000.01	8.00	04/15/11	199.12	Jane Doe		
Total Regular Hrs					39.00		970.71			
21961	John Doe	3	Reg Hrs X80	43000.920000.01	1.00	04/11/11	24.89	Jane Doe		
Total Reg Hrs X80					1.00		24.89			
21961	John Doe	100	Overtime 1.5	43000.920000.02	3.00	04/11/11	112.01	Jane Doe		
Total Overtime 1.5					3.00		112.01			
21961	John Doe	140	Night Diff104	43000.920000.03	3.00	04/11/11	7.47	Jane Doe		
Total Night Diff104					3.00		7.47			
21961	John Doe	300	Annual Leave	43000.233020.05	1.00	04/12/11	24.89	Jane Doe		
Total Annual Leave					1.00		24.89			
21961	John Doe	900	CTA 1.5	43000.920000.01	2.00	04/13/11		Jane Doe		
Total CTA 1.5					2.00					
***** Total Pay Period for John Doe										
Sum					49.00					
Grand Total Level										
Sum					49.00		1,139.97			