Prince George's County Government Employee Military Supplemental Pay Application

This request form is used for County employees who have been ordered to active duty with the United States Military. Please complete this form and submit it with the needed attachments to the Office of Human Resources Management, People Operations, Core HR Division at CoreHR@co.pg.md.us.

How to Complete the Application

- **SECTION 1: The employee requesting Military Supplemental Pay must complete Section 1** of the form and submit it with the following attachments to the Core HR Division via email at CoreHR@co.pg.md.us.
  - a. A copy of the employee's military orders
  - b. A copy of the employee's most recent military pay stub showing the current pay rate

- **SECTION 2:** Upon submission the **Core HR Division will complete Section 2** of the form. Core HR will review the application to verify the employee's information and complete a military supplemental pay calculation to determine the total military supplemental pay and date that the supplemental pay is to begin for the employee. The completed form will then be returned to the employee, their Agency Human Resources Liaison, the OHRM Records Management Team, and the Office of Finance Payroll Department for processing and records.

- **SECTION 3:** Upon return from Active Duty with the United States Military, **the Agency HRL must complete Section 3** of the form and return it to the Core HR Division via email at CoreHR@co.pg.md.us to end the Military Supplemental Pay within five (5) business days of the employee's return to County work.

Questions

Contact the OHRM People Operations, Core HR Division at CoreHR@co.pg.md.us with any questions regarding the Military Supplemental Pay application or process.

Prince George's County Government
Military Supplemental Pay Application

<table>
<tr><td colspan="4" style="background:red;color:white">SECTION 1: Employee Information & Acknowledgement (Completed by Employee)</td></tr>
<tr><td colspan="4">Section 1A: Employee Information</td></tr>
<tr><td>Date of Request:</td><td></td><td>Hire/Rehire Date:</td><td></td></tr>
<tr><td>Employee Name:</td><td></td><td>Employee ID#:</td><td></td></tr>
<tr><td>County Agency:</td><td></td><td>Current Position:</td><td></td></tr>
<tr><td>Mailing Address:</td><td colspan="3"></td></tr>
<tr><td colspan="4">Section 1B: Alternate Contact Information</td></tr>
<tr><td>Contact Name:</td><td></td><td>Relationship:</td><td></td></tr>
<tr><td>Phone Number:</td><td></td><td>Email Address:</td><td></td></tr>
<tr><td>Mailing Address:</td><td colspan="3"></td></tr>
<tr><td colspan="4">Section 1C: Military Pay Verification</td></tr>
<tr>
<td>Base Military Pay Rate:
This should be restricted to base pay without fringe benefits or special pay.</td>
<td>$ _____</td>
<td>Pay Frequency:</td>
<td>☐ Hourly
☐ Biweekly
☐ Semi-Monthly
☐ Monthly</td>
</tr>
<tr><td colspan="4">Section 1D: Payment Method & Deductions</td></tr>
<tr>
<td colspan="1">Preferred Payment Method:
Select one option.</td>
<td colspan="3">☐ CHECK – Use same mailing address in Section 1A
☐ CHECK – Use the following alternate mailing address

_____

☐ DIRECT DEPOSIT – Use same deposit account on record as of last workday.
☐ DIRECT DEPOSIT – Use NEW direct deposit (bank information must be updated in the SAP Employee Self-Service (ESS) portal prior to the submission of this form).</td>
</tr>
<tr>
<td colspan="2">Deductions
Do you wish to change your withholding selections?
This salary supplement is taxable wages. The County will take mandatory deductions for income taxes, liens, or garnishments.</td>
<td colspan="2">☐ No
☐ Yes
   Withholdings must be updated on the SAP Employee Self-Service Portal (ESS) prior to the submission of this form.</td>
</tr>
<tr><td colspan="4">Section 1E: Employee Acknowledgement</td></tr>
<tr>
<td colspan="4">
Under penalties of perjury, I declare that:

(a) I completed this application form;

(b) I attached military orders confirming my current status;

(c) I enclosed a pay stub showing my current military pay rate, and

(d) I believe the submitted information is true, correct, and accurate to the best of my knowledge.

_____   _____

Employee Signature   Date
</td>
</tr>
</table>

SECTION 2: Employee Verification & Supplemental Pay Calculation (Completed by OHRM)			
Section 2A: Verified Employee Information *Verified employee information based on information on the Military Supplemental Pay Application and in SAP*			
Employee Name:		**Employee ID#:**	
Military Rank/Grade:		**Years of Military Service:**	
Section 2B: Military Supplemental Pay Calculation *Calculated Military Supplemental Pay benefit based on employee salary information*			
County Annual Salary:			
Military Annual Salary:			
Salary Difference:			
Bi-weekly Military Supplemental Pay:			
Effective Date:			
Section 2C: Employee Leave Balance *Current verified employee leave balance*			
Type of Leave		**# of Hours Available**	
Military Leave with Pay			
Personal Leave			
Discretionary Leave			
Section 2D: OHRM Core HR Operations Analyst Verification *Signature of OHRM staff member who completed the verification and calculation.*			
Name:		**Email Address:**	
Core HR Operations Analyst Signature		**Date**	

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SECTION 3: Return from Active Duty (Completed by Agency HRL & OHRM)

Section 3A: Employee Return Information *(Completed by the Agency HRL)*	
Employee Return Date:	
Military Supplemental Pay End Date: *Date cannot exceed employee's return date*	
Additional Comments:	

Section 3B: Agency HRL Acknowledgement *(Completed by the Agency HRL)*	
Under penalties of perjury, I declare that the submitted information is true, correct, and accurate to the best of my knowledge.	
Agency HRL Signature	**Date**

Section 3C: OHRM Core HR Operations Analyst Acknowledgement *(Completed by OHRM)*	
The employee's return from Active Duty in the United States Military has been tracked and updated in the employee's record.	
Core HR Operations Analyst Signature	**Date**