

**INSTRUCTIONS FOR BACK WAGE PAYMENT AND THE
USE OF OFFICIAL RECEIPTS**

You have agreed to pay back wages to employees, and have signed a Summary of Unpaid Wages (Form WH-56). This document contains specific instructions on making such payment and providing required proof of such payment to the Wage and Hour Division (WHD).

- You have agreed to make back wage payments on or before 08/14/2015
- Preliminary proof of payment is due on or before 08/21/2015. This must include:
 - 1) Employee's name
 - 2) Check number or unique identifier documenting electronic payment
 - 3) Gross amount of back wages paid
 - 4) Net amount of back wages paid after legal deductions.
- Final proof of payment is due on or before 09/13/2015. The following are acceptable as final proof of payment:
 - 1) Fully completed Form WH-58 (see instructions below); or
 - 2) Copy of front and back of canceled check;
 - 3) Bank statement or other electronic bank record; or
 - 4) Other evidence as approved by the Wage and Hour Division.

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WAGG COUNTY
AUDITORS OFFICE

Form WH-58

Form WH-58 accompanies the Summary of Unpaid Wages (Form WH-56) and provides official evidence to the WHD that back wage, liquidated damages, employment benefits, or other compensation have been paid. An employee paid in full under the Department of Labor's supervision waives any further right to pursue private litigation to recover such unpaid wages and liquidated damages for the time period indicated on the Form WH-58.

WH-58 INSTRUCTIONS:

- 1) If not already completed, enter the employee's name, the name and address of the employer, and the time period covered (as shown on the WH-56).
- 2) Enter the gross amount of back wages due.
- 3) Enter the sum of all legal deductions from wages (such as Social Security, state and federal taxes, etc)
- 4) Enter the gross amount of liquidated damages due.
- 5) Enter any other amounts being paid.
- 6) Enter net amount received.
- 7) Request the employee to sign, date, and enter their current address on the form.
The employee should be asked to sign the original form and one copy at the time payment is made, whether in person or by mail.
- 8) Keep the signed copy for your files. Send the signed original form to the WHD address indicated below.
- 9) Enter the date the employee was paid.
- 10) Sign the form certifying that payment has been made.

Former employees:

- 1) Mail a check and Form WH-58 to the last-known address of each former employee listed.
- 2) It is suggested that a self-addressed envelope be enclosed, together with the request that the original and one copy be signed, dated and returned to you immediately.
- 3) If the form is mailed and the employee fails to return it, the canceled check may be presented as proof of payment for that employee.

Unlocated employees:

You remain responsible for the payment of back wages found due to all employees listed on the Form WH-56, even if you are unable to locate some of those employees.

A list of unpaid or unlocated employees is due on or before 08/28/2015. Include:

- 1) Employee's full name
- 2) Social Security number
- 3) Last known address
- 4) Last known telephone number
- 5) Last known e-mail address
- 6) Gross amount due
- 7) Net amount due
- 8) Attach any envelopes (contents removed) returned to you undelivered by the Post Office.

No further action should be taken until you receive written instructions regarding payments to unlocated or unpaid employees. Payment to the WHD on behalf of these employees will be required within ten days of your receipt of written instructions.

Any back wages not paid to an employee because of an inability to locate the employee within three years will be delivered to the U.S. Treasury. It is the policy of the WHD to collect such back wages from the employer and deposit them into the U.S. Treasury. If any employee is located within the statutory time period, the U.S. Department of Labor will process payment to such employee.

If you fail to make payment:

- Any defaulted balance shall be subject to the assessment of interest and penalty interest at rates determined by the U.S. Treasury as required by the Debt Collection Improvement Act of 1996 (Public Law 104-134) published by the Secretary of the Treasury in the Federal Register. Other delinquent charges and administrative costs shall also be assessed.
- In the event of default, the Department intends to pursue additional collection action that may include, but is not limited to, administrative offset, referral of the account to credit reporting agencies, private collection agencies, U.S. Treasury's Debt Management Service, and/or the Department of Justice.

Retaliation and Kickbacks Prohibited:

- You are prohibited from retaliating against any employee for accepting payment or wages they are owed or from requiring any employee to return or decline payment of wages owed to them. You are also prohibited from retaliating against any person who files a complaint with the WHD or cooperates with a Wage and Hour investigation. You are also prohibited from interfering with, restraining, or denying the exercise of Family and Medical Leave Act rights.

Send all proof of payment and related documentation to:

McAllen District Office
1101 E. Hackberry Avenue
Suite 400
McAllen, TX 78501-6658
956-682-4631

Please direct any questions regarding back wage payment or proof of payment to:

Name: Irma Lopez
Phone: 361-885-3215
Email: lopez.irma@dol.gov

Employer contact responsible for back wage payment and proof of payment:

Name:

Phone:

Email:

Received by:

(Name of Employer or Employer Representative)

Summary of Unpaid Wages

U.S. Department of Labor
Wage and Hour Division



Office Address: McAllen District Office 1101 E. Hackberry Avenue Suite 400 McAllen, TX 78501-6658 956-682-4631	Investigator: Ingrid Benavides	Date: 08/14/2015
	Employer Fed Tax ID Number: 74-6001587	

1. Name	2. Address	3. Period Covered by Work Week Ending Dates	4. Act(s)	5. BWs Due	Total
1. Briones, Jesus E	2923 Rasoul Dr Laredo, TX 78045	11/07/2013 to 12/25/2014	FLSA	\$501.08	\$501.08
2. Escobedo, Ana B	409 Lake Nakuru Laredo, TX 78041	11/07/2013 to 12/25/2014	FLSA	\$522.12	\$522.12
3. Garza, Alejandro	3511 S. Bartlett Avenue Laredo, TX 78046	11/07/2013 to 12/25/2014	FLSA	\$548.92	\$548.92
4. Martinez, Roxanne M	414 Amador Salinas Dr Laredo, TX 78045	11/07/2013 to 04/23/2015	FLSA	\$4,284.36	\$4,284.36

I agree to pay the listed employees the amount due shown above by <u>9/13/15</u> Printed Name: <u>Sean Villareal</u> Signed: <u>Sean Villareal</u> Date: <u>8/14/15</u>	Employer Name and Address: Webb County Elections Administration Webb County 1100 Washington St, Ste 103 Laredo TX 78040	Subtotal: \$5,856.48	\$5,856.48
		Total: \$5,856.48	\$5,856.48



WEBB COUNTY PAYROLL - PERSONNEL WORKSHEET

EMPLOYEE ID 4616
FUND 001
DEPT 0107

I. PURPOSE

NEW EMPLOYEE [] RATE CHANGE [] TERMINATED []
REHIRE [] TRANSFER [] OTHER []

II. EMPLOYEE INFORMATION

NAME Jesus E. Briones, Jr. DATE COMM CRT APPROVED
SOC SEC NO. -9170 AGENDA ITEM NUMBER
ADDRESS
CITY, STATE ZIP
DRIVER'S LICENSE#
HOME PHONE
BIRTH DATE RACE
SEX
MARITAL STATUS

III. PAYROLL DATA

JOB CLASS/SLOT # 0046 TITLE: Elections Specialist
BIWEEKLY SALARY \$ EMPLOYEE TYPE PERMANENT FULL TIME
HOURLY RATE \$ PERMANENT PART TIME
TEMPORARY FULL TIME
TEMPORARY PART TIME

EFFECTIVE DATE:
CERTIFICATION DATE: (if available)

CURRENT PAY: HRS @ OLD RATE = \$
HRS @ \$ NEW RATE = \$
TOTAL = \$
OVERTIME HRS @ \$ RATE = \$ 501.08
OVERTIME STRAIGHT HRS @ \$ RATE = \$
OTHER PAY HRS @ \$ RATE = \$

PAYOUT: ANNUAL LEAVE-Code 106 HRS @ \$ RATE = \$
COMP/T-Code 107 HRS @ \$ RATE = \$
TOTAL = \$

FROM JOB CLASSIFICATION# TO JOB CLASSIFICATION#
DEPT. TRANSFERRED FROM DEPT TRANSFERRED TO
A/L HRS TRANSFERRED S/L HRS TRANSFERRED

TREASURER'S OFFICE USE ONLY

UNEMPLOYMENT CODE WORKSHEET USER ID
WORK COMP. CODE FIRST HIRE DATE
BENEFIT GROUP LAST HIRE DATE
RET MEMBER # 339 - AS400 SENIORITY DATE
EEOC FUNCTION NEW SENIORITY DATE
EEOC CATEGORY ACCRUAL DATE

CERTIFY THAT THE ABOVE REQUEST IS VALID & CORRECT. I FURTHER CERTIFY THAT THE ENCLOSED DOCUMENTATION IS COMPLETE. I RECOMMEND THAT THIS REQUEST BE INCORPORATED AND PROCESSED AT THE NEXT SCHEDULED PAYROLL

Oscar Villarreal
AUTHORIZED SIGNATURE
PRINTED NAME

08/17/2015
DATE
Elections Administrator
TITLE

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WEBB COUNTY PAYROLL - PERSONNEL WORKSHEET

EMPLOYEE ID 8044
FUND 001
DEPT 0107

I. PURPOSE
NEW EMPLOYEE [] RATE CHANGE [] TERMINATED []
REHIRE [] TRANSFER [] OTHER []

II. EMPLOYEE INFORMATION
NAME Alejandro Garza DATE COMM CRT APPROVED _____
SOC SEC NO. 3613 AGENDA ITEM NUMBER _____
ADDRESS _____
CITY, STATE ZIP _____
DRIVER'S LICENSE# _____
HOME PHONE _____
BIRTH DATE _____ RACE _____
SEX _____
MARITAL STATUS _____

III. PAYROLL DATA
JOB CLASS/SLOT # 0048 /TITLE: Systems Programmer/Clerk
BIWEEKLY SALARY \$ _____ EMPLOYEE TYPE _____ PERMANENT FULL TIME
HOURLY RATE \$ _____ PERMANENT PART TIME
TEMPORARY FULL TIME
TEMPORARY PART TIME

EFFECTIVE DATE : _____
CERTIFICATION DATE : _____ (if available)

CURRENT PAY: HRS @ _____ OLD RATE = \$ _____
HRS @ \$ _____ NEW RATE = \$ _____
TOTAL = \$ _____
OVERTIME HRS @ \$ _____ RATE = \$ 548.92
OVERTIME STRAIGHT HRS @ \$ _____ RATE = \$ _____
OTHER PAY HRS @ \$ _____ RATE = \$ _____

PAYOUT: ANNUAL LEAVE-Code 106 HRS @ \$ _____ RATE = \$ _____
COMP/T-Code 107 HRS @ \$ _____ RATE = \$ _____
TOTAL = \$ _____

FROM JOB CLASSIFICATION# _____ TO JOB CLASSIFICATION# _____
DEPT. TRANSFERRED FROM _____ DEPT TRANSFERRED TO _____
A/L HRS TRANSFERRED _____ S/L HRS TRANSFERRED _____

TREASURER'S OFFICE USE ONLY
UNEMPLOYMENT CODE _____ WINDOWS USER ID _____
WORK COMP. CODE _____ FIRST HIRE DATE _____
BENEFIT GROUP _____ LAST HIRE DATE _____
RET MEMBER # 339 - _____ AS400 SENIORITY DATE _____
EEOC FUNCTION _____ NEW SENIORITY DATE _____
EEOC CATEGORY _____ ACCRUAL DATE _____

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Oscar Villarreal
AUTHORIZED SIGNATURE
Oscar Villarreal
PRINTED NAME

08/17/2015
DATE
Elections Administrator
TITLE

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WEBB COUNTY PAYROLL - PERSONNEL WORKSHEET

EMPLOYEE ID 3492
FUND 001
DEPT 0107

I. PURPOSE
NEW EMPLOYEE [] RATE CHANGE [] TERMINATED []
REHIRE [] TRANSFER [] OTHER []

II. EMPLOYEE INFORMATION
NAME Roxanne M. Martinez DATE COMM CRT APPROVED
SOC SEC NO. 308 AGENDA ITEM NUMBER
ADDRESS
CITY, STATE ZIP
DRIVER'S LICENSE#
HOME PHONE
BIRTH DATE RACE
SEX
MARITAL STATUS

III. PAYROLL DATA
JOB CLASS./SLOT # 1859 TITLE: Chief Deputy Administrator
BIWEEKLY SALARY \$ EMPLOYEE TYPE PERMANENT FULL TIME
HOURLY RATE \$ PERMANENT PART TIME
TEMPORARY FULL TIME
TEMPORARY PART TIME

EFFECTIVE DATE:
CERTIFICATION DATE: (If available)

CURRENT PAY: HRS @ OLD RATE = \$
HRS @ \$ NEW RATE = \$
TOTAL = \$
OVERTIME HRS @ \$ RATE = \$ 4,284.36
OVERTIME STRAIGHT HRS @ \$ RATE = \$
OTHER PAY HRS @ \$ RATE = \$

PAYOUT: ANNUAL LEAVE-Code 106 HRS @ \$ RATE = \$
COMP/T-Code 107 HRS @ \$ RATE = \$
TOTAL = \$

FROM JOB CLASSIFICATION# TO JOB CLASSIFICATION#
DEPT. TRANSFERRED FROM DEPT TRANSFERRED TO
A/L HRS TRANSFERRED S/L HRS TRANSFERRED

TREASURER'S OFFICE USE ONLY
UNEMPLOYMENT CODE WORKS COMP. CODE BENEFIT GROUP RET.MEMBER # 339 - EEOC FUNCTION EEOC CATEGORY
WINDOWS USER ID FIRST HIRE DATE LAST HIRE DATE AS400 SENIORITY DATE NEW SENIORITY DATE ACCRUAL DATE

I CERTIFY THAT THE ABOVE REQUEST IS VALID & CORRECT. I FURTHER CERTIFY THAT THE ENCLOSED DOCUMENTATION IS COMPLETE. I RECOMMEND THAT THIS REQUEST BE INCORPORATED AND PROCESSED AT THE NEXT SCHEDULED PAYROLL.

AUTHORIZED SIGNATURE Oscar Villarreal
PRINTED NAME Oscar Villarreal

DATE 08/17/2015
Elections Administrator
TITLE

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WEBB COUNTY PAYROLL - PERSONNEL WORKSHEET

EMPLOYEE ID 2351
FUND 001
DEPT 0107

I. PURPOSE

NEW EMPLOYEE [] RATE CHANGE [] TERMINATED []
REHIRE [] TRANSFER [] OTHER []

II. EMPLOYEE INFORMATION

NAME Ana B. Escobedo DATE COMM CRT APPROVED
SOC SEC NO. 1760 AGENDA ITEM NUMBER
ADDRESS
CITY, STATE ZIP
DRIVER'S LICENSE#
HOME PHONE
BIRTH DATE RACE
SEX
MARITAL STATUS

III. PAYROLL DATA

JOB CLASS./SLOT # 0045 TITLE: Voter Registration Specialist
BIWEEKLY SALARY \$ EMPLOYEE TYPE PERMANENT FULL TIME
HOURLY RATE \$ PERMANENT PART TIME
TEMPORARY FULL TIME
TEMPORARY PART TIME

EFFECTIVE DATE:
CERTIFICATION DATE: (if available)

CURRENT PAY: HRS @ OLD RATE = \$
HRS @ \$ NEW RATE = \$
TOTAL = \$
OVERTIME HRS @ \$ RATE = \$ 522.12
OVERTIME STRAIGHT HRS @ \$ RATE = \$
OTHER PAY HRS @ \$ RATE = \$

PAYOUT: ANNUAL LEAVE-Code 106 HRS @ \$ RATE = \$
COMP/T-Code 107 HRS @ \$ RATE = \$
TOTAL = \$

FROM JOB CLASSIFICATION# TO JOB CLASSIFICATION#
DEPT. TRANSFERRED FROM DEPT TRANSFERRED TO
A/L HRS TRANSFERRED S/L HRS TRANSFERRED

TREASURER'S OFFICE USE ONLY

UNEMPLOYMENT CODE WORKS COMP. CODE BENEFIT GROUP RET.MEMBER # 339- EEOC FUNCTION EEOC CATEGORY
WINDOWS USER ID FIRST HIRE DATE LAST HIRE DATE AS400 SENIORITY DATE NEW SENIORITY DATE ACCRUAL DATE

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AUTHORIZED SIGNATURE Oscar Villarreal
PRINTED NAME

DATE 08/17/2015
Elections Administrator
TITLE

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