

# Monthly Non-Exempt (MNE) Employees

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## A. General Information

Monthly Non-Exempt Employees (MNE) are employees that are not exempt from Fair Labor Standards Act (FLSA) overtime rules. The “J” employee class was created in response to FLSA changes in rules clarifying employees who were previously classified as exempt to non-exempt for overtime rules. MNE employees are paid a fixed salary and are entitled to overtime for any hours worked over 40 in a workweek.

When a MNE position is vacated, the incumbent employee should be setup in a bi-weekly paid position.

## B. Calculating and Reporting MNE Regular Pay

1. MNE employees are paid 173.33 hours per month times the employees FTE rate plus overtime earned.
2. MNE employees use the alternative timekeeping system (ATS) designated by the Department. The ATS may be manual or electronic. MNE employees using the ATS to record actual time in/out. The Department is responsible for maintaining ATS records.
3. Biweekly, MNE employees use the ATS to complete a MNE Leave Report indicating daily hours worked and any leave taken during the two-week period.
4. MNE Leave Reports are due on the same schedule as the bi-weekly timesheets.
5. If an employee has more than one position with different rates of pay, a blended overtime adjustment is necessary.
  - a. The Department for the primary position of the employee will prepare and submit the documents. All the Departments affected should work together to decide how additional costs will be funded.
  - b. The designated Department will complete 05-3001.2.1-Blended Overtime Request Form.
  - c. The Department will email payroll.services@okstate.edu the following documents:
    - (1) A copy of the ATS timesheet for each assignment
    - (2) The MNE Leave Report
  - d. Payroll Services will:
    - (1) Confirm the rate and the hours worked in all Departments.
    - (2) Calculate the employee’s overtime rate according to FLSA regulations.
    - (3) Add the extra pay to the next regular monthly payroll.

## C. Exceptions and Adjustments to Regular Pay

1. All exceptions to regular pay or prior pay period adjustments must be processed in paper. MNE employee adjustments may not be processed through the electronic personnel form system.
2. Departments are responsible for considering the impact of overtime on any exceptions or adjustments to regular pay. Overtime must be included on forms when submitted.

## D. Payroll Processing

1. During monthly payroll processing, the MNE Leave Reports are used to calculate overtime and charge leave balances for leave taken.
2. The bi-weekly pay periods that will be included in the monthly processing will be the pay period that includes the 16<sup>th</sup> of the prior month through the pay period before the pay period that includes the 15<sup>th</sup> of the current month.



MNE BLENDED OVERTIME ADDITIONAL PAY REQUEST FORM

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Primary Department Contact \_\_\_\_\_ Pay Month \_\_\_\_\_

Hours worked and leave hours reported below must total to amounts reported on attached timesheets and leave reports. Include hours worked for all weeks ended in the month.

Primary Position

Table with 7 columns: Week, Work Week (Sun-Sat), Hourly Rate, Hours Worked, Leave Hours, Total Hours Reported, Calculated Gross Pay. Includes Department, Position #, and Suffix fields.

Second Position

Table with 7 columns: Week, Work Week (Sun-Sat), Hourly Rate, Hours Worked, Leave Hours, Total Hours Reported, Calculated Gross Pay. Includes Department, Position #, and Suffix fields.

Additional Positions

The employee has additional positions for a total of \_\_\_\_\_ including the primary position. Additional forms are attached.

Funding

Select One:

Charge the additional overtime proportionately to all positions based using a ratio of total hours reported.

Charge all additional overtime to:

Table with 7 columns: Position, Suffix, %, Fund, Org, Account, Location

Charge additional overtime as follows (total must equal 100%):

Table with 7 columns: Position, Suffix, %, Fund, Org, Account, Location

Approval

By signing below, I am certifying that I received verified with the employee's supervisors that the time reported above is correct, documented on attached timesheets and approved and confirming that the funding listed above is agreed upon by all Departments impacted by the charges.

Approver Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approver2 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYEE TIMESHEETS & LEAVE REPORTS MUST BE SIGNED BY THE SUPERVISOR AND ATTACHED TO THIS FORM

Email the completed form and attachments to payroll.services@okstate.edu