


QUARTERLY REQUEST FOR LONGEVITY PAY FOR ASSISTANT PROSECUTORS

– Government Code 41.251 through 41.258

COMPTROLLER USE ONLY								
AGY	COBJ	TC	FUND	AY	PCA	APPROVAL	DOCUMENT NUMBER	DOCUMENT AMOUNT
241	7612	225	0303		13034			D

County name/address for warrant or direct deposit notification		County taxpayer identification number	Mail code
		Mail completed form to: COMPTROLLER'S JUDICIARY SECTION P.O. Box 13528 Austin, TX 78711-3528 Call 1-800-531-5441, ext. 6-5985 or email judiciary@cpa.texas.gov	

COUNTY LONGEVITY PAYMENT REQUEST		
STATE FISCAL QUARTER	CALENDAR YEAR	AMOUNT REQUESTED

COUNTY CERTIFICATION	
I, _____, the County Auditor/Treasurer of «county» County <small>PRINT NAME</small> hereby certify that the amounts requested are due and payable pursuant to Section 41.252 of the Government Code and are to the best of my knowledge true and correct.	
 County Auditor/Treasurer	Date

COUNTY CONTACT INFORMATION	
Person to contact regarding information on this form	Contact Phone Number

COMPTROLLER'S JUDICIARY SECTION APPROVAL	
I approve this request for payment and to the best of my knowledge this request for payment is true and correct. This payment complies with Section 41.252 of the Government Code.	
<input type="checkbox"/> Direct deposit <input type="checkbox"/> Check enclosed	
Audited by:	Date

DISTRIBUTION INFORMATION		
Qualified longevity payments based on:	Mail this request by:	Disbursements will be mailed by:

SEE REVERSE SIDE FOR PROCEDURES AND FURTHER INSTRUCTIONS

REQUEST FORM PROCEDURES

- Warrants and direct deposit notifications are mailed to the address on the front of this form. Corrections and changes should be made on the form so that our records can be updated.
- Calculate the quarterly amount of longevity that the assistant prosecutors qualify for in the quarter prior to the reporting quarter.
- If no assistant prosecutor is due longevity, enter "0" and return the form.
- The County Auditor or Treasurer certifies the request. Enter the county contact and phone number below the certification signature.
- Mail the request, postmarked on or before the date listed under "Distribution Information", to the Comptroller's Judiciary Section. The mailing address is noted on the form.
- A copy of this request will be returned with a State check or with direct deposit checked on the form if any amount is due. Call us at 1-800-531-5441, ext. 6-5985 if you would like payments by direct deposit.

FURTHER INSTRUCTIONS TO OBTAIN LONGEVITY REIMBURSEMENT

- The amounts requested should not include Medicare or OASDI taxes; the request should be for longevity pay only.
- Request only amounts disbursed by your county. For longevity paid to prosecutors shared by more than one county, only the counties that directly pay the prosecutors should file a request even if other counties are reimbursing the expense.
- When the funds are not available to reimburse all the requests, counties will be reimbursed by a uniform percentage. Requests received late will be paid at that same percentage.
- Requests not received by the deadline will be paid with the next quarter requests.
- Amounts unpaid in a previous quarter will be reimbursed before a new quarter's amount is calculated for payment.
- Please make changes to the address or mail code on the enclosed form and we will update our records.