



Agreement Regarding Paydays

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I, _____ – [Print Name], being either a current employee of Routt County, Colorado or having accepted employment with Routt County, hereby acknowledge that I have been advised that Routt County pays its employees ~~bi-weekly twice a month, every other Friday. If a pay day falls on a bank holiday, employees will be paid on the last regularly scheduled workday during the week before the holiday. generally on the fifteenth and last day of the month unless those days are holidays or weekend days. In the case that the fifteenth or last day of a month is a holiday or weekend day, the corresponding payday is the last normal work day before that day.~~ A sample of the County's pay day schedule for 20~~23~~¹⁵ is attached hereto as Exhibit A.

Colorado Revised Statutes Section 8-4-103 (1) provides:

All wages or compensation, other than those mentioned in section 8-4-109, earned by any employee in any employment, other than those specified in subsection (3) of this section, shall be due and payable for regular pay periods of no greater duration than one calendar month or thirty days, whichever is longer, and on regular paydays no later than ten days following the close of each pay period unless the employer and the employee shall mutually agree on any other alternative period of wage or salary payments.

~~As shown in Exhibit A, because of the difficulty in reporting the hours of hourly rate employees worked near the end of the pay period, overtime worked near the end of the pay period and leave taken near the end of the pay period and inputting that information in the County's payroll system, pay for such work and leave will be made on the next payday and, as a result will be made more than ten days after the work is done or the leave is taken.~~

I agree to be paid in accordance with the County's current payroll system as described herein, ~~and waive the requirement that payment be made within ten days after the end of the pay period to the extent payment is made in accordance with the above described practice. I understand that my failure to agree to this will result in termination of my employment or withdrawal of the offer of employment extended to me.~~

Employee Signature: _____

Date Signed: _____